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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE CARELESS SELECTION OF CONCAVE GLASSES.

BY S. D. RISLEY, M. D.,

Assistant Ophthalmic Surgeon, Hospital University of
Pennsylvania.

The history of the following case is briefly related as a protest against the unscientific selection by young persons, with the aid of badly informed tradesmen, of concave glasses for the correction of a real or supposed myopia.

A. B., a bright intelligent lad, æt. 14, was brought to me because of his failing vision and constant headache. The conjunctivæ were injected, the carunculæ swollen, and the tarsal borders scaly and thickened. He could use his eyes only a few moments before profuse lachrymation began, with increased headache. The pain was felt most severely in the brow and temples, but shoots of pain radiated to the vertex and occiput. He was wearing, both for reading and distant vision,—2.50 D over each eye, which he had received at the hands of a jeweler, who also sold spectacles. With these $V = \frac{20}{1xxx}$ and without them $\frac{2}{cc}$. Jr. No. 2 could be read with difficulty at 8" from the eyes, but blurred if brought nearer or taken further from the face. He was taken to the jewelers by his parents because of trouble with his eyes at school, which they thought might be relieved by glasses. The ophthalmoscope revealed the following conditions: The entire eye-ground was of an intense flannel red, presenting a woolly appearance, the normal

stippling being quite lost. The nerves were dark-red from the marked congestion of their surface circulation, and the retinæ were hazy. In the lower part of the eye-ground, and in a crescentic area embracing the outer half of the nerve in both eyes, there was commencing pigment absorption. The details of the eye-ground could be readily studied with —1. D.

He was directed a solution of sulphate of hyoscyamine gr. ij.—f. ʒij., one drop to be used in each eye three times daily. In twenty-four hours $V = \frac{20}{xxx}$ without glasses. On the fourth day the condition of the eyes had greatly improved, and he received the following formula for *convex* glasses: O. D. + .50° C + .50 cy. ax. hor: O. S. + 1. cy. ax. 90°. With these $V = \frac{20}{xx}$ readily with each eye. His headache disappeared with the first instillation of the hyoscyamine solution, and did not return. Before the influence of the mydriatic had abated, the conjunctival and other symptoms had also disappeared.

The history of this recent case is given thus in detail, not because of any peculiarity in it justifying its publication, but as representative of cases which now and again occur in the practice of all ophthalmic surgeons. Its publication is therefore warranted only in the light of a protest against the careless and unscientific method of allowing any young person to select almost at random a concave glass, simply because he supposes himself to be near-sighted, or because he seems to see better through a concave glass. Many persons, really needing convex glasses to relieve the eye-strain consequent upon low grades of hypermetropia with astigmatism, will, if left to their own judg-

ment, select near-sighted glasses, and thus multiply their eye-strain by the value of the glass selected. The more skillful opticians in our larger cities are to be commended for the increasing caution they have learned to exercise in this regard; but there are still many vendors of spectacles who seem to be utterly ignorant of the danger and injury which they entail upon their patrons.

So much has been said and written of late years on the nature of myopia, that it would seem even the laity should understand that a near-sighted eye is almost synonymous with a diseased eye. This is certainly true in all cases in which the degree of the myopia is progressive. In view of this universally recognized truth, it is obvious that the advice of a physician, and not the help of an optician, should first be sought. Where the aid of convex glasses is needed, but little if any harm is liable to follow their use, even though they may not correct accurately the existing defect which makes them a necessity; but in near-sighted eyes with their progressing pathological conditions and the gradual distension of the eye-ball itself, the case is far different, and the optician is no more justified in furnishing glasses to such cases than is the druggist in prescribing for the physical ailments of his customers.

1722 Walnut street.

HOSPITAL NOTES.

EPISCOPAL HOSPITAL OF PHILADELPHIA.

Results of Treatment of Phthisis by Gaseous Enemata.

F. P. Henry, M. D., physician to the Episcopal Hospital, presents the following interesting and valuable report in the *Polyclinic* of May, 1887:

The treatment of pulmonary phthisis by gaseous enemata was introduced into the Episcopal Hospital by Dr. Henry M. Fisher, of the medical staff. When I took charge of the male medical ward, on April 18th, I found a number of cases in various stages, to whom the gas was administered twice daily. I questioned them closely, and, with the exception of one, who when admitted was almost moribund, they assured me that they had derived benefit from this novel therapeutic method and were decidedly opposed to its being discontinued. An attempt to insinuate, by a modified Socratic method, that possibly they might be mistaken, was not attended with success. So much for the sub-

jective symptoms. Objectively, there has been a gain in weight in all the cases—eight in number—now under treatment, and in one (Case 1) this has been remarkable. No drugs of any kind have been administered to these patients. The men are weighed in their night-shirts on leaving their beds in the morning. The following notes have been kindly prepared by one of the resident physicians, Dr. H. C. Deaver:

Number of patients now on gaseous enemata in male medical ward—8.

Number of deaths of those who have been on the treatment—2.

Case 1. Male, age 33, German, seaman; height, 5 ft. 10½ in. Was admitted September 11th, 1886. Began gaseous enemata March 25th, 1887. Weight at this time was 145 pounds.

Dr. Fisher had previously given this man four intrapulmonary injections at intervals of four or five days.

March 25th, 1887, weighed 145 pounds.

| | | | | | |
|-------|-------|---|---|------|---|
| " | 26th, | " | " | 146 | " |
| " | 27th, | " | " | 146½ | " |
| " | 29th, | " | " | 147 | " |
| " | 31st, | " | " | 151 | " |
| April | 2d, | " | " | 151½ | " |
| " | 4th, | " | " | 152 | " |
| " | 24th, | " | " | 155 | " |
| May | 7th, | " | " | 155 | " |

Case 2. Male, age 49, shoemaker; height, 5 ft. 9½ in. Was admitted March 28th, 1887. Began gaseous enemata March 29th, 1887. Weight at this time was 113 pounds.

April 6th, 1887, weighed 111 pounds.

| | | | | | |
|-----|-------|---|---|------|---|
| " | 7th, | " | " | 113 | " |
| " | 9th, | " | " | 113 | " |
| " | 12th, | " | " | 113½ | " |
| " | 14th, | " | " | 112 | " |
| " | 15th, | " | " | 114 | " |
| " | 17th, | " | " | 113 | " |
| May | 7th, | " | " | 114½ | " |

Case 3. Male, age 23; weaver; height 5 feet 6 inches. Was admitted April 14th, 1887. Weight at this time was 109 pounds. Did not show any signs of improvement until April 25th, 1887.

April 14th, 1887, weighed 109 pounds.

| | | | | | |
|-----|-------|---|---|-----|---|
| " | 25th, | " | " | 109 | " |
| " | 27th, | " | " | 110 | " |
| " | 29th, | " | " | 110 | " |
| May | 1st, | " | " | 111 | " |
| " | 7th, | " | " | 113 | " |

Never has weighed this much before, and says he feels perfectly well. Discharged to-day.

Case 4. Male, age 29; laborer; height 5 feet 10 inches. Was admitted April 17th,

1887. Began gaseous enemata April 18th,
1887. Weight at this time was 127 pounds.

April 15th, 1887, weighed 127 pounds.

" 17th, " " 127 "

" 20th, " " 128 "

" 25th, " " 130 "

May 1st, " " 133 "

" 6th, " " 145½ "

Discharged May 6th, very much improved.

Case 5. Male, age 28; painter; height 5 feet 10 inches. Was admitted April 19th, 1887. Began gaseous enemata April 20th, 1887. Weight at this time was 115 pounds.

April 20th, 1887, weighed 115 pounds.

" 26th, " " 117 "

" 28th, " " 118 "

May 6th, " " 120 "

Case 6. Male, age 32; shoemaker; height 5 ft. 7½ in. Was admitted April 20th, 1887. Began gaseous enemata April 21st, 1887. Weight at this time was 99 pounds.

April 20th, 1887, weighed 99 pounds.

" 22d, " " 102 "

" 23d, " " 104 "

" 24th, " " 106 "

May 7th, " " 108½ "

Case 7. Male, age 42; shoemaker; height 5 ft. 5½ in. Was admitted April 25th, 1887. Began gaseous enemata April 26th, 1887. Weight at this time was 112½ pounds.

April 26th, 1887, weighed 112½ pounds.

" 28th, " " 110 "

" 30th, " " 111 "

May 3d, " " 112 "

" 7th, " " 113 "

Case 8. Male, aged 25; bookbinder; height 6 ft. 2 in. Was admitted April 27th, 1887. Began gaseous enemata April 28th, 1887. Weight at this time was 108½ pounds.

April 28th, 1887, weighed 108½ pounds.

" 30th, " " 108½ "

May 2d, " " 109 "

" 7th, " " 110 "

In addition, there are three or four cases in the female ward, of which I took charge on May 1st. My opinion with reference to this method of treatment must be reserved until these cases have been longer under observation; but the gain in weight, one of the best criterions of improvement, is certainly favorable.

—Professor Hyrtl, the eminent anatomist, who formerly occupied a chair in the Vienna University, has just been successfully operated on for cataract by Professor Fuchs.

MEDICAL DISPENSARY OF THE UNIVERSITY OF PENNSYLVANIA.

Reported by HOWARD FUSSELL, M. D.

Tubercular Meningitis.

Harry F., æt. 8. Father dead of phthisis; brother dead of tubercular meningitis. At the first visit to the dispensary, November 8, 1886, mother stated she brought the boy, not because he seemed so very sick, but because he acted so much like his brother, who died of typhoid fever. (On inquiry, this brother was found to have died of tubercular meningitis.)

History.—Four or five weeks previously had become averse to playing, had a slight diarrhœa, and was chilly; appetite good; no pain of any kind; slept well. Present condition: Temperature 101.5°, pulse 100, abdomen soft, no tenderness, no typhoid spots, no headache, two or three loose stools a day, tongue clean, slight dry cough, no enlargement of spleen, no physical signs in chest. He was seen daily; his temperature ranged between 99° and 103.5°. No other symptoms. The child did not seem sick, and wanted to play, though he was kept quiet from the first.

On November 16, 1886, he vomited for the first time.

November 18. Vomited twice, passages loose, two or three in 24 hours. No spots, belly prominent, slight tenderness in right iliac fossa, tongue clean, pulse 100, temperature 102.4°

November 19. Vomited, headache for first time, bowels loose. No physical signs in chest. Abdomen somewhat retracted; an enlarged mesenteric gland felt to right of spine.

November 20. Much vomiting, headache, noises in head, no pupillary signs.

November 21. Pulse irregular; no pupillary signs.

November 23. Strabismus; irregular pupils; double vision; *tache cérébrale*.

November 26. Convulsive movement of jaw; comatose; purulent conjunctivitis.

November 27. Respirations irregular.

November 29. Wasted away until skin seems tightly drawn over face; belly much retracted; several enlarged mesenteric glands felt; comatose.

November 30. Death.

From the time of the first visit until November 21 this case might, with much reason, have been regarded as one of typhoid fever. The continued fever with diarrhœa,

and no signs pointing to any other affection, would have justified the diagnosis. Fortunately the mother was told in the beginning that it might be meningitis, and not typhoid. This conclusion was reached solely on the history of a death from phthisis and one from tubercular meningitis in the family, and not because the symptoms pointed specially to meningitis. After November 23, of course there was no mistaking the nature of the disease.

Treatment.—From the beginning the patient received 5 gr. of potass. iod. t. d., with such other treatment as the symptoms demanded. Though it was necessarily futile, the boy had the advantage of the treatment which Dr. Louis Smith considers curative in a certain number of cases.

MEDICAL SOCIETIES.

ILLINOIS STATE MEDICAL SOCIETY.

SECOND DAY—MORNING SESSION.

The following voluntary papers were read: "Ocular Disturbances from Nasal Disease," Dr. H. Gradle, of Chicago; "The Use of Acetate of Lead in Certain Conditions of the Eye," Dr. F. C. Holtz, of Chicago; "One Factor in the Etiology and One Means of Cure in Puerperal Fever," Dr. C. W. Earle, Chicago; "Jequirity," Dr. E. L. Holmes, of Chicago.

Dr. O. B. Will, chairman of the committee of the section of gynecology, read a report of the progress made in this branch during the past year. It was largely in the way of reconstruction and revision. He alluded to the diverse views respecting the use of certain instruments. One of the few subjects which have attracted attention is pelvic inflammation. Generally speaking, by pelvic inflammation is meant pelvic peritonitis and cellulitis; at least, that accords with the current literature on the subject. The etiology of the affection is not settled. Aspiration is now generally a useful aid in diagnosis. Laparotomy has been recommended as about the only cure for pelvic abscess. Dr. W. H. Byford says it should be done only when the abscess is supra-pubic or intra-parietal. Dr. Fenger says: "When a communication exists between the abscess and the intestinal tract, evacuation of the pus into the bowel is sometimes followed by spontaneous recovery." The speaker in one case made an opening 2½ inches above the

anus, through which a catheter was introduced and drainage effected. After dilatation of the sphincter and no special difficulty was experienced. Injections of carbolic acid were used daily. The patient recovered. To cure pelvic abscess, drainage is not always necessary; aspiration will suffice in some cases. When drainage of the abscess is aimed at, the peritoneal cavity should not be opened. In suitable cases, open up the inguinal canal, insert a glass or rubber drainage-tube, and the cavity may be drained without fear of peritonitis.

Attention was directed to tamponing, as recommended by Engelmann, of St. Louis, and Etheridge, of Chicago.

Dr. Catharine Miller, of Lincoln, read a paper on

Cases of Posterior Displacement of the Uterus in Virgins.

Most of these displacements are caused by accidents of childhood, producing discomfort of the uterus at puberty. Children in whom such accidents are observed are, almost without exception, given to jumping rope. Mothers whose children jump rope freely report complaints of pelvic pain from their little girls. The reporter cited three cases which came under her observation during the past winter.

DISCUSSION.

Dr. J. G. Kiernan, of Chicago, in opening the discussion, said: Much might be said about the effects of certain habits, such as climbing stairs and rope-jumping, upon the uterus. Besides this, however, a woman coming from a defective family is very likely to have uterine displacements. There has recently been considerable reaction against the excessive use of local vaginal applications in the treatment of conditions like dysmenorrhœa, which are undoubtedly the result partly of constitutional disorders. That dysmenorrhœa is a neurotic disorder, there can be no reasonable doubt. In the hospitals for the insane one finds many female patients suffering from local affections, which are the result of constitutional conditions, and proper treatment of the constitutional condition relieves the pelvic disorder.

Dr. G. W. Jones, of Danville: Regarding the points raised by Dr. Will, as to the danger of pelvic abscess opening into the rectum, I wish to record the fact of three such cases in my practice which entirely recovered. With reference to tampons, I prefer dry wool. I have found it the most efficient means for support of the pelvic organs, especially in cases in which there is relaxa-

tion of the soft parts. With regard to retroversion in virgins, my experience has led me to believe that there are many virgins who have been born with retroverted wombs, and that these give them no annoyance. I know of a family, a mother and five daughters, who all have retroversion; in other respects they are perfectly healthy.

Dr. G. W. Nesbitt, of Sycamore: I would like to say, in regard to the use of the tampon, that it is the custom to use absorbent cotton in making it. Absorbent cotton is very objectionable, because when wet it becomes hard and as solid as clay.

Dr. L. G. Thompson, of Lacon: I have been very much interested in the papers presented, and more especially in the practical character of the second one. Regarding Dr. Will's paper, I would say, country doctors do not come across cases of cellulitis and pelvic abscess very frequently. I wish to emphasize one thought in the second paper concerning the importance of considering the liability to uterine trouble in virgins. Many physicians think virgins are not liable to that form of derangement; but my observation has led me to believe that it is much more common than many are disposed to think. Every now and then I find a case of uterine displacement, accompanied by chronic inflammation, in a virgin. In regard to using absorbent cotton I would say that, when it is removed the next day after its introduction, it is as good as anything else; but if I were going to leave it longer than that I should want something different—in other words, a tampon should not be left in longer than 24 hours. I have been in the habit of employing some form of pessary where the uterus must have continued support. Many physicians are opposed to pessaries, but my experience has taught me otherwise.

Dr. J. S. Whitmire, of Metamora: Retroversion of the uterus in virgins is something new to me. It is true nature has some wonderful freaks, and there can be no doubt that certain kinds of exercise in young girls produce displacements and inflammations of the uterus. The profession is disposed to attribute all ills in females to some uterine derangement.

Dr. D. T. Nelson, of Chicago: If the doctor investigates the history of these cases of supposed congenital malposition of the uterus, he will find that something in the dress of both mother and children has caused the malposition. Tight clothes hinder the development of the organ in both mother and children. If this could be rectified there

would be an opportunity for improvement.

Dr. Miller heartily agreed with the ideas brought forward by the different speakers, and said tight clothing was an active element in producing displacements of the womb.

Dr. Will: The remark of Dr. Thompson that country practitioners do not often meet cases of pelvic inflammation is a little out of place; for every general practitioner sees more or less of these cases. Many cases of pelvic inflammation, diseases of the ovaries and tubes, originate through carelessness on the part of the physician. Only a few days ago I found, in a consultation room, a sound and speculum lying on a window sill and covered with the dried secretions of the last patient.

Dr. Thompson: I referred to the country physician, not to the practitioner in densely populated centers. I do not think the country doctor frequently meets with cases of cellulitis or abscess of the pelvic organs; at least, it has not been my experience.

On motion the Society adjourned till 2 p. m.

AFTERNOON SESSION.

Dr. D. A. K. Steele gave an epitome of his paper read the day previous, and exhibited some patients on whom he had operated. One was a case of amputation of the shoulder, in which all the joint tissue had been removed.

Dr. P. H. Oyler, of Mt. Pulaski: I have had quite a number of compound, and of compound comminuted fractures. In one case a man was run over by a pulverizer, and two and a half inches of the upper half of the tibia was removed, and the entire integument was cut through, leaving only a portion of the gastrocnemius and the anterior blood vessels. Two physicians had been called, and had decided upon amputation. In the meantime I was sent for, and finding there were enough blood vessels intact, I concluded the limb could be saved by putting it in a thick dressing. The patient recovered. I would like to know why a compound fracture, or a compound comminuted fracture, cannot be hermetically sealed.

Dr. Charles T. Parkes, of Chicago: I have been much interested in the papers presented by Drs. Steele and Crummer. With reference to cocaine, I have used it in some cases with very happy results. Its usefulness is not fully appreciated by the profession, nor is it as often used as it might be. I used it in one case of ununited fracture, where I cut down upon the bone, and no pain was felt by the patient, except when the bone was being divided by the saw. I do not use the wire

in ununited fractures. I have cut down upon one or two cases in which wiring had been practiced, and a fistulous opening had remained—the cause of the opening seeming to be the wire. I have no doubt but that there are times when this method, as well as the bone-pegs, may be used, but a great many cases of compound comminuted fracture recover without any such treatment. I am unable to understand why Dr. Steele uses iodoform to cover the wound surface. It has been shown recently that any form of microbe can be propagated in iodoform. I agree with portions of the paper concerning examinations of the kidney, and also with regard to the necessity of making a median incision for exploration of the bladder.

Dr. Ingals remarked that the suggestion of Dr. Steele relative to the stretching and falling kidney recalled the case of a young married lady who had never been pregnant, and who consulted him for falling kidney. It came well down into the abdomen; it could be returned to its place, but not successfully fixed. The lady became pregnant in the course of time, and gave birth to a live child at full term. She has had several children since. The kidney became firmly fixed during the first pregnancy, and has remained so ever since.

Dr. B. F. Crummer, of Warren, said the point relative to the open treatment of wounds had not been touched upon. Is it not true that in some cases the open treatment is the best, as in crushing injuries of the fingers? Undoubtedly better results can be obtained from such treatment than by closing the wound. He thought the rule should be strenuously adopted to make the incision directly at a right angle to the long diameter of the limb—a point upon which Dr. Steele did not sufficiently dwell.

Dr. Steele closed the discussion, and said: I agree with Dr. Parkes, that wiring and pegging of the bone is unnecessary in many cases. I am in the habit of sprinkling a light film of iodoform over the wound surface in amputations; it is an excellent hæmostatic, especially when dissolved in ether.

The report was referred to the Committee on Publication.

The report of the treasurer showed at the beginning of the present session \$1,322.77 in the treasury after the satisfactory adjustment of all claims against the Society.

Dr. Walter Hay, of Chicago, moved that the Illinois State Medical Society subscribe \$500 towards paying the expenses of the International Medical Congress.

The motion was seconded by Dr. J. L.

Gray, after which Dr. N. S. Davis explained the purposes for which this money was needed.

Dr. Moses Gunn offered an amendment that \$750 be subscribed, which was unanimously adopted.

The report of the Committee on Drugs and Medicine was read by Dr. Maria J. Mergler, for Dr. J. G. Tapper. The report dealt with the prevailing evils existing between physician and druggist. It condemned the practice of re-filling physicians' prescriptions, and the practice of pharmacists in selling compounds in the shape of renovators, blood purifiers, etc., and denied that the prescriptions of a physician are in any way the property of the druggist.

Dr. Mergler then read a paper on

The Progress of Therapeutics in Gynecology,

directing attention to cocaine in the treatment of gynecological cases, recommending hydrastis canadensis for cases in which ergot is usually administered; also iodoform and iodoform gauze dressings and antiseptic douching of the uterus and vagina in operations.

Dr. J. H. Hollister, of Chicago, said: The suggestions in the first paper are of the utmost importance, requiring careful consideration in order to decide what our duties are. We stand in a relation to the pharmaceutical profession which ought not to be in anywise antagonistic. There should be some code of ethics to govern the relations between physicians and druggists. A paper should be prepared setting forth the relations of the medical profession to manufacturing druggists and dispensing chemists so fairly as to be received by both as a just exposition of the relations existing between them and us. The abuses are not overstated in the paper.

Dr. Barnes, of Bloomington: This has become a very serious question with me. As far as manufacturing chemists are concerned, I keep a waste-basket in my office to which most of the samples are consigned. It has become the practice in my town for druggists to duplicate a prescription once or even a hundred times. They have a book for the special purpose of recording prescriptions. They not only re-fill for the patient, but for his family or friends.

Dr. N. S. Davis: A physician should never prescribe any manufacturers' medicines, or any compounds put up by anybody else. Every physician should prescribe, if he does not use more than one drug, and he should clearly state the strength of the materials used, designating the Pharmacopœia

of the United States. The dispensing of medicines should be entirely separated from anything else which goes to make up a drug store. In Europe the dispensers of medicines are usually found in small rooms, at a rent of probably \$5 per month. In this country, if a person's sickness does not last longer than three days, his drug bill will exceed the charge made by the doctor. The system is entirely false; there is no reason whatever why the sick should pay for marble floors, highly decorated rooms, and all the clap-trap that goes to make up the ordinary drug store. The druggist is all right, but his system is false from beginning to end.

Dr. Samuel Jones, of Chicago, read a paper on

Improvement in the Management of Diseases of the Eye.

In the operation for soft cataract the needle operation is still the one usually practiced. After partial disintegration and softening of the lens, suction is sometimes practiced, to hasten removal of the lens substance. In hard cataract, extraction of the lens is usually effected by Von Graefe's modified linear extraction, as suggested by him, or as modified by others. Manipulation, to hasten the ripening of the cataract in order to admit of earlier extraction, has not thus far been attended by encouraging results, and its practice is not free from danger. Incision of the periphery of the capsule of the lens, as suggested for the escape of the lens, and to prevent continuance of the nutrition of the capsule, thus to avoid the occurrence of secondary cataract, has not met with general favor. Evisceration of the globe is a recent substitute for enucleation of the eye-ball, in cases in which it is desired to avoid danger of sympathetic disturbance of the unaffected eye, and yet to retain enough of the sclerotic coat of the eye, with its muscular attachments, to afford a movable support for an artificial eye. It seems to possess merit enough to warrant a longer trial.

Dr. A. E. Prince, of Jacksonville, in his Report on Otology, called attention to an instrument for regulating the pressure used in inflation of the middle ear. He said, it is impossible to arrive at an estimate of the damage done by the unregulated force employed in the indiscriminate use of the Politzer bag in the treatment of middle ear diseases. To facilitate the method of inflation and diminish its dangers, attention was called to a graduated mercurial column upon which the patient is required to blow. The instrument is essentially a re-curved tube filled with mercury and supplied with a rub-

ber tube, against which the patient is required to blow while the ears are inflated. While the mercury is displaced the air is driven by the bag through the nostril in the usual way, and a force indicated by the pressure of the mercury, plus the momentum of the blast, is expended in inflating the middle ears, and any surplus force, in place of working an over-distension of the drums, simply overcomes the upward pressure of the palate, and escapes into the pharynx. The instrument is called a Politzometer.

The report on necrology included the names of the late President, Dr. W. T. Kirk, of Atlanta; Dr. James S. Jewell, of Chicago; Dr. C. R. Hamill, of Chicago, and Dr. R. D. McArthur.

The Society adjourned until 9 a. m., Thursday.

THIRD DAY—MORNING SESSION.

The Society was called to order at 9:45 a. m., Dr. W. O. Ensign in the chair.

The president's address was referred to Committee on Publication without its presentation, on account of his illness and absence.

The report of the Committee on Publication was read by Dr. D. W. Graham. Three hundred and fifty copies of the transactions for 1886 were published at a cost of \$348.96. Report was accepted.

Dr. J. W. Jones, of Danville, chairman of the special committee on "Diseases of Children," presented his report. He commenced by saying that he had sent out a circular-letter to a large number of physicians throughout the State of Illinois, in which he propounded the following questions:

1. Has there been much sickness amongst the children in your county or district during the past year?
2. What have been the prevailing diseases, and what has been the general type of such affections?
3. Have you had in your district any outbreaks of any of the contagious or infectious diseases of children?
4. Have you used in the treatment of children's disorders any new line of management seeming to give more favorable results than other plans previously adopted?
5. Do you believe the State Legislature ought to appropriate annually a sum of money sufficient to defray the expenses connected with investigations covering subjects embraced in infant mortality, its causes and reduction, and the contagious febrile diseases, their prevention and cure?

The numerous replies received showed an increase of sickness amongst children of about 25 per cent. Excepting the contagious and infectious diseases, the general line

of disease comprised bowel complaints during the summer, and respiratory affections during the winter, all influenced more or less by malarial toxæmia. With but one or two exceptions the contagious or infectious diseases prevailed somewhat extensively. Scarlet fever, German measles, diphtheria, and pertussis have been very prevalent. Most cases of German measles have lacked the alleged pathognomonic symptom, viz: the post-auricular glandular enlargement. Rheumatism has been very prevalent in both young and old. Dr. Jones expressed confidence in the phospho-iron preparations, and salicin, in the treatment of such affections. The last query was answered by nearly all in the affirmative.

Dr. F. J. Shipp, of Petersburg, read a short paper on

The Care of Children,

calling particular attention to cleanliness. No water-bath should be resorted to during the first twenty-four hours of extra-uterine life. The child, however, should be given an oil-bath, lightly covered with an article of apparel of some kind, and at the end of twenty-four hours a warm bath of short duration should be given in a warm room.

DISCUSSION.

Dr. E. Ingals: There is one point relative to the treatment of pertussis to which no reference has been made, and that is the use of chloral and morphia. The treatment is very simple. I confine myself almost strictly to it, and it is very effective in the later stages of the disease. I use one-thirty-second of a grain of morphia and one grain of chloral, and repeat, if necessary, in a child of three years old. In the diarrhœas of children I endorse the antiseptic treatment.

Dr. Robert Tilly, of Chicago: "There was one point in Dr. Jones' paper that I would like to see ventilated a little, and that is the matter dignified by the name of Skeer's symptom. I know but little about the sign, but have made repeated efforts to get as much information on the subject as possible. When the report was brought up before the Pathological Society of Chicago, a committee was appointed to investigate this particular sign, and, as I understand, at that time one case was referred to as being typical at St. Luke's Hospital. I made the best possible effort to see the case, but learned that the child had considerably improved and had left the hospital. This, I believe, was the only case that the committee had an opportunity of investigating. I re-

fer to it, because I think too great importance has already been attached to Skeer's symptom. We have Argyll Robertson's symptom, which is well established, and it would be unwise for us to foist this supposed peculiarity upon the medical profession without a good deal more evidence than we have at present.

Dr. H. M. Moyer, of Chicago, remarked that he was responsible for the term "Skeer's symptom." At the time when the allusion was made, the committee did not have any cases of tubercular meningitis under their care, but they availed themselves of every opportunity and means to secure a case or two. There were, however, cases of doubtful tubercular meningitis, and in these cases the sign was absent. The case seen by Dr. Skeer at St. Luke's Hospital was pronounced a typical one by him.

Dr. C. W. Earle: There has been a great number of cases of measles, and an epidemic of German measles, also a few cases of varicella of a severity which he had never before witnessed. In a large number of the cases of German measles the post-auricular glandular enlargement was absent.

Dr. A. H. Foster, of Chicago: My experience has been that we have had a rather typical epidemic of measles; and following the cases of measles in three to six weeks there were many cases of German measles without the pathognomonic symptom alluded to. In several of these cases a longer stage of convalescence was present. I attribute this more to debility arising from the first attack than anything else.

Dr. G. W. Nesbitt; I have seen many cases of German measles; sometimes one or two members in a family had the post-auricular glandular enlargement, while in others of the same family it was absent; therefore, I think German measles may occur without the enlargement referred to by Dr. Earle.

Dr. John H. Hollister said that physicians of Chicago had seen more cases of measles than ever before during the history of the city.

Dr. E. L. Herriott, of Jacksonville: German measles in our town last year were light, but this year they have been severe and the epidemic pronounced.

Dr. A. E. Goodwin, of Rockford: I have seen many cases of German measles during the year, and very little treatment was necessary. I would like to know if there is a law requiring children to have a physician's certificate before returning to school after an attack of measles.

Dr. G. W. Jones, of Danville, agreed with

Dr. Shipp concerning the treatment of the new born, especially the oil bath. He had used the chloral and morphia treatment, but owing to its depressing effects, he abandoned it. He had observed cases of German measles without the post-auricular glandular enlargement.

Papers referred to committee on publication.

THIRD DAY—AFTERNOON SESSION.

The Society re-assembled at 2 p. m.

Report on Dermatology.

Dr. Henry J. Reynolds, of Chicago, presented his annual report in this department, dealing first with the

Treatment of Lupus Vulgaris by Electrolysis.

He said: This method of treating lupus vulgaris was suggested by Gärtner and Lustgarten in the *Wiener med. Wochenschrift*, Nos. 27 and 28, 1886. They used a flat metallic pad large enough to cover the lupus nodule, the healthy skin being protected by a rubber ring around the pad. This pad was connected with the negative pole of a galvanic battery, with a current of sufficient strength to produce an escharotic effect, which is said not to produce much pain. The nodule becomes immediately swollen, with a discharging surface. In a few hours it becomes depressed and covered with a brown scab. This is now to be dressed as an ordinary sore, with ointments, etc. In from eight to fourteen days the scab falls, and a smooth flexible scar is left.

In regard to this treatment, while it is without doubt a very good way of accomplishing the same result that is now produced by other means, it nevertheless must necessarily be just as far from a sure cure for the disease as the other methods—caustics, scarification, scraping, etc., from the fact that lupus vulgaris is a disease which almost always crops out sooner or later in places remote from the original nodules. I have under treatment at the present time a case which responds very readily to local applications to the nodules, which are more or less numerous; but when apparently cured, in due time fresh nodules crop out in other localities. In another case recently under my care, the disease, often resisting all local applications, responded promptly when a sulphate of magnesia laxative was given internally in conjunction with the local applications, a fact which only illustrates an old principle, viz, that fluxions, local congestions, etc, may nearly always be reduced by depletion through the alimentary canal, as in the

case of acne, roseola, erythematous eczema, and other local congestions.

Urticaria and Pruritus.

In an article in the *Buffalo Medical and Surgical Journal* it is claimed that there is nothing equal to a two to ten grain solution of menthol for relieving the itching of these very annoying and stubborn affections; that it not only promptly relieves the itching, but seems to have a curative effect. While my own experience with the remedy is not sufficient to warrant a positive statement regarding its value, I am led to believe it to be one of the best, especially in pruritus ani, where camphor solutions and other stronger remedies are not always well tolerated. Where there is a tendency to eczema, however, as a complication, or a result of scratching in pruritus, I have never found anything better than camphor solutions, which I generally use in the form of the ordinary soap-liniment, as it not only relieves the pruritus, but has an excellent effect on the eczematous condition.

Lanoline.

This drug, though not a new one, has come into general use only during the last year, being first brought to the notice of the profession by German writers. It is a fatty substance obtained principally from the wool of the sheep. Medicinally inert in itself, it is used as a basis for ointments. For this purpose it has advantages and disadvantages as compared with other substances used for making ointments, such as lard, vaseline, etc. The advantage claimed for it is that it is more readily absorbed than most other ointment bases. It has the disadvantage, however, of having an offensive odor and being more expensive;* while in many cases vaseline, and substances not so readily absorbed, are preferable, inasmuch as when protection and soothing effect are desired the remedy least easily absorbed is more desirable. In the *Journal of Cutaneous and Venereal Diseases*, June, 1886, Dr. Geo. Henry Fox sums up his conclusions as follows: 1. Lanoline is more readily absorbed by the skin than any other fatty substance; 2. as a basis for ointments, it is useful when an effect upon the deeper skin or upon the whole system is desired; 3. on account of its firm consistency it is advisable to mix with it a certain amount of lard, especially in cold weather; 4. when applied to a highly inflamed skin, it may not prove as bland as fresh lard or pure vaseline; 5. considering its recent in-

[*Lanoline, as now prepared, is almost odorless and may be obtained at a very reasonable price.—EDITORS MEDICAL AND SURGICAL REPORTER.]

roduction, its questionable superiority, and its present cost, it cannot be recommended as yet as the best basis for all ointments.

Hot Vaginal Douche in Acne of the Female.

Dr. M. Hutchinson (*Medical Record*, May 28, 1886), acting on the suggestions originally made by Sherwell, of Brooklyn, of passing the sound in the male urethra, to which reference was made in my report on dermatology a year ago, proposes, for an analogous effect, the use of the hot vaginal douche in the female. He reports several cases which he claims were cured by this method.

Molluscum Fibrosum.

Dr. R. W. Taylor contributed two very exhaustive articles bearing upon the etiology, pathology, mode of evolution and retrogression of this disease, and regards the so-called dermatolysis as pathologically the same as molluscum fibrosum, and believes with Simon and Behrend that the latter and the so-called strawberry marks, pigmented naevi, warts, etc., are closely allied.

A New and Useful Instrument.

Dr. E. L. Keyes has described an instrument which he invented and which he calls the cutaneous punch. It is about three or four inches long, with a hole in the end similar to that in an ordinary punch, and with a sharp cutting edge defining the hole. He uses it to remove the stained specks of skin in the face due to gun-powder; also for corns and other small growths. To remove the gun-powder specks, he presses the punch with a rotary motion through the entire thickness of the derma and removes each piece. His results were satisfactory. In a case of corns he presses the punch down through the center of the growth, cutting out all the sensitive part of each corn. His results were good. A number of sizes, from $\frac{1}{8}$ inch up, are required.

Cocaine as a Local Anæsthetic.

Knowing that cocaine is not well absorbed by the skin, and therefore does not produce much of an anæsthetic effect, Dr. Wagner, of Vienna, was led to make experiments for the purpose of ascertaining a method by which a better absorption and anæsthesia might be produced. Basing his theory upon the established principle that fluids move from the positive to the negative pole in a galvanic current, he saturated the positive electrode with a cocaine solution, applied it to the skin, and applied the negative pole a short distance from the positive. As the result seemed satisfactory, he made a

number of similar experiments in the clinic of Billroth to determine the value of the method in surgical practice. He found that by keeping the positive electrode saturated with a sufficiently strong solution, and allowing the current to pass in the manner described for a short time, incisions could be made in the skin without producing any pain. His results and the description of the method were presented to the Society of Physicians of Vienna at their meeting February 5, 1886.

In regard to this method, I may say that I have personally made a number of experiments with a view of ascertaining its merits, which I intend to publish soon in the form of a paper, but which would occupy too much time were I to report them here. I will merely say that in my hands the matter is a success, and in my opinion one of the most useful discoveries in dermatology which have been made during the year 1886. In my experience, in the operation for the removal of superfluous hairs by electrolysis, and in other minor operations on the skin, the patient need experience absolutely no pain whatever.

Dr. Seth S. Bishop, of Chicago, read a paper on

Operations for Mastoid Disease.

Surgeons agree that in all cases of confined accumulations of pus in the mastoid region free incisions should be made, the cavity drained and made aseptic. The incision should be made clean to the bone, from one-half to one inch in length, right over the mastoid tissue. The arguments in favor of the mastoid operation are, that in nearly every case good results have been obtained, while in no case have patients been made any worse.

Dr. F. Fletcher Ingals, of Chicago, read a paper on

Epistaxis,

prefacing his remarks by citing a few cases which came under his observation. Epistaxis may be simply the result of a local plethora. In old people the most frequent causes are degenerative changes in the blood-vessels. The treatment consists in arresting hæmorrhage, and preventing its recurrence. To arrest the bleeding, firm compression of the nostrils for ten or fifteen minutes should be resorted to. The application of cold is equally good. In more aggravated cases syringing out the nose with cold water and the subsequent insufflation of a powder containing four per cent. of cocaine, and a suitable preparation of iodoform, are highly

recommended. In alluding to plugging of the nares, Dr. Ingals said: "A piece of surgeon's gauze an inch in width, and four feet in length is thoroughly saturated in a solution of tannin prepared by rubbing sufficient in water to make a thin syrupy mixture. Opening the nostril with a speculum, one end of the slip is folded on itself and over the end of the probe by which it is carried quickly to the posterior part of the nasal cavity, and then fold after fold is passed slowly in until the cavity is completely filled. This plan has been successful in extreme cases of epistaxis."

Dr. Tilley was inclined to doubt that hæmorrhage occurring from the nose is usually an effort of nature to relieve plethora. He thinks it is rather an evidence of a weak point in the nose, and the physician should try to discover that point and apply a suitable remedy, if possible. Polypi are not infrequent in the young, as well as in adults, and as soon as noticed should be removed.

Dr. Liston H. Montgomery said a solution of dialyzed iron on absorbent cotton had been very effective in his hands.

Dr. H. A. Johnson, of Chicago, thinks the Paquelin cautery is very effective in the treatment of such cases. He does not place much confidence in the nitrate of silver.

Dr. Walter Hay reported on

Legislation for the Insane.

The subject was discussed at length by Drs. Kiernan, Cook, Hollister, Bridge and Davis.

Dr. Bridge moved the following, which was adopted:

"Resolved, That this Society heartily indorses the provision of the bill now before our legislature providing for the commitment of the insane in certain cases without trial by jury, and asks the legislature to enact these provisions at least."

Dr. Gray offered the following, which was adopted:

"Resolved, That the Illinois State Medical Society use all its efforts to secure legislation requiring the filling of all public offices having medical functions with medical men."

OFFICERS FOR 1888.

President—W. O. Ensign, of Rutland.

First Vice-President—Charles Warrington Earle, of Chicago.

Second Vice-President—P. H. Oyler, of Mt. Pulaski.

Permanent Secretary—David W. Graham, of Chicago.

Assistant Secretary—G. L. Eyster, of Rock Island.

Treasurer—Walter Hay, of Chicago.

Judicial Committee—A. Wetmore, of Waterloo; S. C. Plummer, and P. F. Crummer.

On motion the Society adjourned. Next place of meeting: Rock Island, third Tuesday in May, 1888.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated meeting, May 11, 1887.

The Vice-President, E. T. Bruen, M. D., in the chair.

Dr. Thomas B. McBride described and exhibited

A New Apparatus for Maintaining the Lithotomy Position.

I desire to present to the Society this evening an apparatus I have designed for the purpose of supporting the limbs and maintaining the lithotomy position.



It consists of a piece of hard, elastic wood, preferably ash or hickory, $\frac{3}{4}$ of an inch thick, 1 inch wide, 36 inches long, bent at each end in a semicircle of 6 inches diameter, or a semicircumference of $10\frac{1}{2}$ inches, thus leaving a shaft of 15 inches between the semicircles, and making the length of the finished instrument 27 inches ($6 + 15 + 6$).

To the shaft, 2 inches from each end, a buckle is immovably fastened by means of leather.

A band of webbing, finished at each ex-

tremity with a leather strap, the whole 50 inches long, completes the device.

In using the apparatus, the thighs are flexed on the abdomen and put in the semi-circles, the band is placed around the neck and fastened to the buckles.

The advantages are apparent. Its cheapness places it within the reach of every one. The thoroughness with which it does its work, keeping the patient immovably in the lithotomy position, and maintaining the same relative position of the parts; the fact that it does not interfere with the circulation; the strength, lightness, and remarkable simplicity, will, I think, render it a valuable acquisition to the surgeon and gynecologist.

Dr. Edward Jackson read a paper on

Determination of the Size of the Pupil.

The extent of the nervous connections which determine the contraction or dilatation of the pupil, and the variety of its reactive and correlated movements, make it an important index of many conditions of the local or general nervous system. But in all the accumulating volumes of loose medical literature, no symptom has been more loosely treated. Off-hand decisions of this matter, such as are commonly made, and their usual records "pupils dilated," or "pupils contracted," are at best worthless, and often misleading. They are made by reference to a mental standard or conception of what the average size of the pupil should be; which as a conception or understanding may be good enough, but which as a standard to test the case in hand is simply useless and deceptive.

The normal size of the pupil varies completely with the individual. In some normal eyes direct sunlight will not contract the pupil below five mm. in diameter; while in others darkness or even the strongest mydriatic will not dilate them to that extent. In one extreme case, Mrs. M., aged forty, who applied to the Polyclinic for relief from eye-strain due to hyperopia, and whose ocular and general health seemed in all respects good, the widest dilatation we could obtain with atropia or duboisia left the pupils less than two mm. in diameter.

Again, the size of the pupil varies with age—larger in the young, smaller in the old; causing in the latter really pathological dilatation to be overlooked, while the normal pupil of childhood is set down as "dilated." Then the knowledge that the pupil varies with exposure to light or with accommodation and convergence, though familiar to all of us, is too rarely applied in this connection.

With our present knowledge of the size of the pupil, and the conditions which influence it in health and disease, no examination can be regarded as fairly thorough and satisfactory which does not note—

1st. Its exact size when the gaze is fixed on a distant object, both in a bright light and in the weakest light in which it can be accurately measured.

2d. Its size when the eyes are fixed on some near object, as the finger held six inches in front of them. This should be measured by a weak light, unless the pupil is unusually dilated.

3d. Its behavior on covering the other eye with something which thoroughly excludes the light.

In an examination for ophthalmic purposes, of course, other matters are to be considered also. Each eye should be examined separately, and any inequality between the pupils especially noted. The report of such an examination should give exact dimensions, or at least the exact diameter of the pupil in a strong light, and other dimensions in their proportions to this, and not be couched in general phrases, which are, for the reasons above alluded to, well nigh meaningless. The bright light, referred to, is secured when the eyes are directed toward the open sky in the middle of the day, or toward the flame of a student's lamp or common gas burner not more than ten or twelve inches distant. For the tests of weak illumination the source of light should be removed to one side of the eye, so that the rays may fall obliquely on the pupil. In this way fewer will enter it, and those which do, will fall upon a less sensitive part of the retina. Delay in the reaction to light, or its entire absence, are conveniently tested by observing the pupil through the ophthalmoscope at a distance of eight or ten inches, and (by turning the mirror) alternately leaving the eye in comparative darkness or flooding it with the concentrated light.

For accurately measuring the diameter of the pupil many little pieces of apparatus have been devised, the more important of which I have collected to show you this evening. One of the simplest devices, and a very serviceable one, is the scale of black circles or "pupils," proposed first, I think, by Follin, but more conveniently arranged by our fellow member, Dr. B. A. Randall. This scale is held close to the patient's eye, and the circle selected which most nearly matches the pupil in size, the diameter of this circle being given opposite it on the scale.

Fick proposed to measure the pupil sub-

jectively by means of two apertures in a black diaphragm which should be placed before the eye, one aperture being fixed, the other movable. Each aperture admits light to a certain circular area of the retina, the size of this area being determined by that of the pupil. Thus the appearance of two feebly illuminated circles is produced, and the distance between the apertures being varied until these circles become just tangent, that distance gives, with an easily obtained correction, the diameter of the pupil.

On this plan, Cretes* constructed his pupilometer, in which the distance between the apertures was made to vary by revolving a disk with a spiral linear aperture which intersected a fixed straight linear aperture; and Robert Houdin devised the other instrument here shown. This subjective method is superior to others in certain experimental investigations, but is of no importance in practice.

The pupil can be measured approximately by simply holding a finely graduated rule in front of it, and noting the number of spaces occupied; and various instruments have been devised to do this with precision. All of them, however, except that recommended below, are liable to the objection that the distance subtended on the rule is less than the diameter of the pupil in proportion as the distance from the observer's eye is less to the rule than to the pupil. This is shown in Fig. 1 by the dotted lines, the scale being represented by BB, and the pupil by CC; DD, although really shorter than the diameter of the pupil, seems to cover it.

A sort of "cross" between this method and the series of black circles is the scale of Mr. Jessop. You see it is a strip of metal, along the edges of which are cut out a series of semicircles of different diameters.

But for measuring the pupil, in the observation of cases, I think the best instrument is the so-called keratometer, devised by Priestley Smith, of Birmingham, England.† This consists of a scale placed between two plano-convex lenses. The observer's eye is placed about the principal focus of the combined lenses (ten inches from them), and holding the scale before the observed eye the cornea or pupil subtends on the scale exactly its proper length, whatever its distance from the scale, because rays converging to the principal focus of a lens system must have entered that system parallel.

This is illustrated by the solid lines of figure 1, A, where the observer's eye is placed,



FIG. 1.

being a principal focus of the lens BC, and BC must be parallel; hence BB exactly equals CC no matter how far they are apart.

The equality or inequality in the size of the two pupils and abnormalities of shape

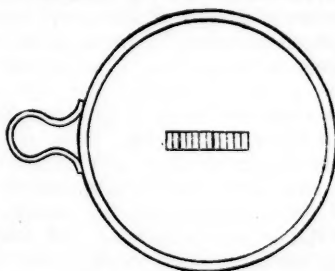


FIG. 2.

can be observed without special apparatus, though such apparatus has been devised. But it must be remembered that both inequality of the pupils and irregularity of shape are common anomalies of development.

Since the difficulty of determining the presence or extent of pathological alterations of the pupil rests on the lack of general conformity to any standard of size or reactions, any comparative observations on the pupils of the patient in health are of especial value.

* For full descriptions of these and other forms of apparatus, see *Traité Complet d'Ophthalmologie*, of De Wecker and Landolt, t. premier, pp. 942-953.

† See *Ophthalmic Review*, November, 1886.

The significance of the different conditions of the pupil, which may be observed, is outside the scope of my paper. Probably the best consideration of it is to be found in the chapter on that subject in Swanzy's text-book on *Diseases of the Eye*.

DISCUSSION.

Dr. George de Schweinitz said: I can endorse Dr. Jackson's criticism of the ordinary reports of the conditions of the pupil. It would be equally valuable in a case of cardiac disease to say simply that there was a murmur, as to describe the pupil in the vague terms usually adopted. I have had no experience with the instrument designed by Priestley Smith. Dr. Randall's instrument has given me complete satisfaction.

Dr. S. Solis-Cohen reported a case of

Asthma Treated by Bergeon's Method.

"By request of the Chairman of the Directors, I will briefly report a case of asthma in which immediate relief followed the injection into the intestine of the mixture of carbon dioxide and hydrogen sulphide, as recommended by Bergeon. Having noticed in Morel's paper reports of two cases in which success attended the experiment in one of the Parisian hospitals, and a case presenting itself which offered a fair test, I determined to make the trial.

"The patient is a stout married woman, about fifty years of age, of somewhat neurotic temperament, who has been subject for some years to attacks of spasmodic asthma, ordinarily manifesting recurrent paroxysms, lasting ten or twelve days. In the intervals there is neither bronchitis nor dyspnoea. There is no heart lesion. I have seen her in previous attacks, which have been relieved by methods with which we are all familiar. In one particularly obstinate seizure, by advice of Dr. J. Solis-Cohen, the patient was sent to the gas works, and was benefited by inhaling the carburetted vapors there produced. I saw her on the second or third day of the attack, and proposed the injections, but could not obtain her consent. Not wishing to complicate the therapeutics too much, in case she should later accede to the proposal, I simply prescribed, as a palliative for the dyspnoea under which she labored between the paroxysms, quebracho, in twenty drop doses of the fluid extract, repeated hourly or half hourly, according to indications. This, of course, gave great relief, but a paroxysm recurring in the evening, the patient consented to try the injection. Almost immediate relief was experienced. Some dyspnoea persisted, but there was no further

paroxysm, and the dyspnoea gradually lessened, finally disappearing within thirty-six hours. After six injections, the later ones being prophylactic rather than therapeutic, the patient professed to feel better than for years, and auscultation revealed only normal breath sounds.

"This is, of course, but a single case; yet having a standard of comparison in previous attacks in the same individual, I can, so far as one case is worth anything, confirm Morel's claim that the rectal injection of carbon dioxide and hydrogen sulphide is beneficial in asthma. Which of the two gases is the active agent, and whether, or not, it would be equally efficacious by inhalation, are questions which I do not now desire to discuss."

THE NEW YORK NEUROLOGICAL SOCIETY.

Stated meeting, May 3, 1887.

Charles L. Dana, M. D., President, in the chair.

The election of officers for the ensuing year resulted as follows: For President, C. L. Dana, M. D.; for First Vice-President, W. R. Birdsall, M. D.; for Second Vice-President, M. A. Starr, M. D.; for Recording Secretary, G. W. Jacoby, M. D.; for Corresponding Secretary, W. M. Leszynsky, M. D.; for Treasurer, E. C. Harwood, M. D.; for Councillors, E. D. Fisher, M. D., B. Sachs, M. D., L. Weber, M. D., E. C. Seguin, M. D., and G. M. Hammond, M. D.

THE DISCUSSION.

Dr. R. L. Parsons' paper on

Nomenclature of Psychiatry,

read at the last meeting of the Society, was taken up (see the *REPORTER*, April 30, 1887).

Dr. Kellogg said he was not well informed of the contents of Dr. Parsons' paper, but he would say that it seemed to him the term monomania had come into so general use in literature, both medical and medico-legal, that it would be very difficult to get rid of it. It was very easy to use new terms, and perhaps etymologically they might be more appropriate than the old, but there was a practical use of the word monomania, and it was very difficult to find another which would fill its place. Monomania had been employed to indicate many different conditions of mental disease. If we could limit the clinical group of mental symptoms we might then suggest more exact terms. There was a group of clinical symptoms associated

with certain neuroses, such as epilepsy and chorea, also sometimes associated with toxic states, as in alcoholism, or with diathetic states, as syphilis or tuberculosis, which took the form of a fixed delusion. By some authors, such symptoms had been classed under the term monomania. Other authors had applied this term to conditions of perverted emotions. What one term would better indicate all these conditions than the word monomania? He thought none. All that he could do would be to single out the several clinical groups of symptoms included under the term monomania, and apply to each group a distinct term. He thought, however, the generic term monomania would remain. At any rate, he could see no advantage in seeking for a new term which would replace it. If Dr. Parsons wished to designate one distinct group of symptoms from among several which were not included in the term monomania by the use of the term oligomania, he might agree with him, but he did not think any advantage would be derived from substituting the latter term for the former.

Dr. W. R. Birdsall had listened with interest to Dr. Parsons' paper on nomenclature in psychiatry because of the importance and difficulty of the subject, but the impression left upon his mind was that we were not much better off with the terms coined in recent times. He must certainly agree with the author regarding the indefiniteness with which the term monomania had been employed, but he agreed with Dr. Kellogg that in its generic sense it was pretty well understood. There was, however, a popular misconception regarding its meaning which he thought constituted a strong objection to its use. Dr. Birdsall had come to use the term paranoia as a substitute for that of monomania with satisfaction to his own mind. The objection to it mentioned by Dr. Parsons, that it did not mean much if anything, in Dr. Birdsall's opinion constituted one of its merits. Monomania was so definite as to be liable to misconception. In reconstructing nomenclature he sometimes thought that it was a misfortune that we could not fall back on Choctaw instead of being compelled to resort to Greek or Latin. There was a certain disadvantage in having to resort to a compound word to express a group of symptoms or type of disease; it often failed to describe anything clearly. He believed with Dr. Kellogg that unless the symptoms included in the general term monomania were subdivided into groups, and an appropriate term for each group was

found, little advantage would be derived by substituting a single new term.

Dr. B. Sachs objected to the term monomania for two reasons; First, Its etymological meaning was different from its accepted meaning in the nomenclature of psychiatry; Second, In accepting its use, we implied our approval of the old division into monomaniacs, and thus lost sight of the true character of serious mental troubles. He thought the term oligomania was less objectionable than that of monomania, but he did not believe there was any absolute need of either term at the present time. He had not been compelled to make a diagnosis of monomania for several years. In general he agreed with Dr. Birdsall's remarks on paranoia, but he thought the term primary insanity would be little liable to misconstruction, and might on some grounds be preferred either to paranoia or monomania. He would be in favor of using the term paranoia or primary insanity with such qualifying phrase as to character of delusions, etc., as might be necessary in different cases.

The President thought Dr. Parsons deserved credit for his paper, as there was certainly need of improvement in our nomenclature. If the paper had been read five years ago the term oligomania would probably have stood a better chance for adoption. But it had now become fashionable to use the word paranoia, and he, like Dr. Birdsall, felt a certain amount of mental satisfaction in its use. He had some time since come to the conclusion that any attempt to reform nomenclature, if by a single individual, would be utterly useless. Such questions must be referred to conventions. One man could do nothing unless he discovered some fundamental principle on which to base a nomenclature which would prove superior to that now in use.

Dr. Parsons thanked the members for the adverse, as well as the favorable criticisms of his paper, and in reply repeated certain statements made in his paper. He did not believe that any convention of men could alter a nomenclature. Whether or not a given term would be adopted, depended much upon accidental circumstances. He looked for advances in nomenclature rather from individual effort. He had not found it necessary to use the term monomania; the term partial insanity was far more applicable in many cases.

Cerebral Tumor—Partial Removal.

Dr. S. N. Leo read the history of a case of cerebral tumor occurring in a heavy German

woman who had, before its appearance, sustained an injury of the skull where the tumor afterward developed: During the growth of the tumor the patient had consulted several well-known physicians, all of whom were of the opinion that an operation should be performed. Some thought it was a wen of the scalp. The symptoms becoming more serious, she finally asked Dr. Leo to perform the operation. He was assisted by Dr. Harwood and Dr. Guleke. Strict antisepsis was observed. As the operation proceeded it was found that the tumor extended within the cranium, involving the dura mater at the longitudinal sinus, and apparently dipping deeply into the brain substance. These facts in addition to the patient's bad condition from loss of blood led him to desist from further procedure after cutting off that portion of the tumor external to the cranial vault. He thought the patient would not have lived so long—over a month—had not the operation been performed. Unfortunately an autopsy was not allowed. The tumor was a sarcoma. He added that the patient's condition had been rendered more serious by cardiac disease.

Dr. L. Weber regretted that the title of the paper on the cards of announcement had been "Report of a Case of Cerebral Tumor—successfully removed." He also regretted that there had not been a post-mortem examination.

Dr. B. Sachs then read a paper entitled
Notes on the Cause and Treatment of Functional Insomnia.

Under this term he included cases of insomnia, pure and simple, occurring in persons of the neuræsthenic habit. He preferred to say neuræsthenic rather than hysterical, for in his experience actual insomnia is less frequent in truly hysterical patients than in those suffering from cerebral or spinal neuræsthenia. A number of typical cases were given. In attempting to explain these cases, and referring to work done by physiologists on this head, the reader concluded that in the majority of cases there was good evidence of disturbances in the cerebral circulation. And, as Morro had found in animals that increased activity of cerebral circulation was accompanied by deficient circulation in the peripheral organs, so in many cases of chronic insomnia, cold extremities, pallor of the skin, scanty uterine flow pointed to deficient peripheral circulation, and in many of these cases there were weak heart and weak pulse. Special attention was called to the simultaneous occurrence of insomnia and headache, and to the

fact that in these cases the headache was, as a rule, of the paralytic migraine type. Cases were quoted in evidence.

The treatment in cases of migraine and insomnia was similar in many respects, and proved effectual in both conditions.

Dr. Fisher thought a very common cause of insomnia was anæmia, and he had seen considerable success in its treatment by cod-liver oil, cream, and articles intended to improve nutrition; in some of the cases ordinary hypnotics had been administered without any avail. The patients might have the appearance of being well nourished while they were really anæmic. The mineral tonics were as a rule indicated.

Dr. George W. Jacoby thought the paper was an exceedingly important one, especially in that it called attention to the fact that many cases of insomnia could be cured by rational measures alone, without the use of any medicines whatever. He agreed with the author that the cases must be individualized, and thus the cause of the wakefulness might be discovered. He thought that in the majority of cases the cause would be found to lie in the circulation—not always in anæmia, but frequently in hyperæmia. Cure the cause and we would cure the sleeplessness; but that which would cure anæmia in one case would not cure it in another. Active and passive exercise, particularly active exercise, were of benefit. For patients who could not go out, the muscle-beater was very useful. While he had not much faith in static electricity in the treatment of insomnia, he cited one case in particular in which the physician who applied it for another purpose to one of his patients, himself became sleepy under its influence. Perhaps the production of ozone by the instrument was the cause of this sleepiness, for it was well known that when we went into an atmosphere of ozone we were likely to become sleepy.

Dr. V. P. Gibney had noticed that static electricity had tended to produce the sleepy state. It was one of the few things they had found static electricity good for at the hospital with which he was formerly connected.

Dr. W. R. Birdsall thought, as did Dr. Sachs, that we must adopt hygienic rather than purely medicinal measures for the cure of insomnia, but we were occasionally forced, as the author had said, to resort to some drug for temporary relief. For this purpose he had obtained benefit without injurious effects, such as sometimes came from bromine, hydrate of chloral, etc., from a drug first

recommended to him by Dr. Seguin, namely conium. This given in large doses, fifteen or twenty drops or more, of the fluid extract, had in his hands been beneficial. He had continued its use two or three months without deleterious results.

Dr. G. M. Hammond thought fully eighty per cent. of all his patients were similar to those described in the paper by Dr. Sachs—persons suffering from insomnia, mental anxiety, etc. In the large majority of the cases he thought it was due to hyperæmia of more or less limited areas of the brain. When the patients did sleep they had unpleasant dreams. They were also frequently sufferers from dyspepsia, constipation, spots before the eyes, noises in the ears, sometimes hallucinations connected with various senses, and coldness of the extremities. It was rare for such patients to go away without being cured, but if they subjected themselves to the same causes the condition returned. He used bromides and stuck to them right through the disease. He gave only ten or fifteen grains three times a day, and also gave fluid extract of ergot. He applied static electricity and dry cups to the back of the neck, and regulated the sleeping hours.

Dr. Leszynsky was rather surprised, in view of a recent discussion before the society, to hear Dr. Sachs speak of the use of hyoscyamine as hypnotic. It was a mistake to rely upon large doses of bromides given at night. There was an objection to their use by ladies because of the bad odor which they gave the breath. He had not been able to discover any peculiarity in the circulation of the retina in these cases.

Dr. L. Weber said that since he had adopted the treatment recommended by Dr. W. A. Hammond, and just described by Dr. G. N. Hammond, he had obtained the best results in cases suitable for this mode of treatment, but in other cases the bromides might cause excitement instead of aiding sleep. When there was gastro-intestinal disorder, he added calomel to the treatment with benefit.

Dr. Leszynsky referred to a remark by Dr. Birdsall concerning the use of a mustard sinapisms, or other cutaneous irritants, and said that Dr. N. H. Thomson had called attention to the beneficial effects of cayenne pepper, etc., to the surface of the body some years ago.

The President had found the warm bath a very valuable measure in many cases; in mild cases of insomnia the could douce down the back, and massage, had proven useful. Bence had discovered that ozone had a hypnotic in-

fluence. Lupulin had been of benefit in the insomnia of old people; and lavender in some cases in which the stimulus of alcohol or warm food had failed.

Dr. Sachs objected to the use of the bromides, particularly in small doses, more than to anything else in the treatment of the class of cases under discussion, namely, those of insomnia in neurasthenic subjects. It was likely to do more harm than good. The testimony, in the discussion referred to by Dr. Leszynsky, was not against amorphous hyoscyamine, but against the crystalline form.

The President exhibited

An Apparatus for the Relief of Writer's Cramp,

called the "kaligraph" by its inventor, the late Mr. Charles Thurber. It consisted of an iron frame-work, to which was attached a series of levers so arranged that by making large characters at one angle the characters were reproduced in ordinary size at the opposite angle. It was, in fact, a kind of reversed pantagraph. Dr. Dana said that all writer's-cramp instruments were based on the principle of resting the groups of muscles most used, and throwing the work upon other groups. The kaligraph fulfilled these indications better than any other instrument with which he was familiar. The objections to it were that it was cumbersome and expensive. The speaker showed cuts of all the various forms of instruments for writer's cramp (ten in all) which he had been able to collect. The kaligraph had been in practical use for thirty years, but it was very little known. It had enabled its inventor, who had suffered extremely from the cramp, to write with comfort. He was informed that Mr. Charles Dickens had possessed and used one.

Dr. G. S. Jacoby thought this instrument was only palliative, while Nussbaum's was also curative, and could be carried with one. It compelled the writer to use the abductors.

The President replied that an instrument calling into play another group of muscles of the hand would cause those to be affected after a time.

Dr. Birdsall thought writer's cramp was due to cerebral fatigue rather than to muscular fatigue, and that instruments for overcoming it could be of only limited benefit.

—Another occupation is to be improved for men. Bellevue Hospital, New York, is promised a training school for male nurses—a rich Californian having given \$80,000 towards putting it on a solid footing.

EDITORIAL DEPARTMENT.

PERISCOPE.

On the Administration of Carbonate of Lime as a Means of Arresting the Growth of Cancerous Tumors.

Nearly twenty years ago Dr. Peter Hood published in the *Lancet* a communication on the value of carbonate of lime, in the form of calcined oyster-shells, as a means of arresting the growth of cancerous tumors, and in that journal for May 7, 1887, he says: "I am anxious once more to call attention to the subject, and to urge upon those who possess the necessary facilities that a more extended trial should be given to this agent than it appears yet to have received. My own opportunities of employing it in suitable cases have not been large, but the results which I have witnessed have been sufficiently remarkable to justify me in seeking for them a more extended publicity.

"In the paper referred to, I related in detail the case of a lady nearly eighty years of age, who was the subject of scirrhus of the breast, and in whom the growth sloughed away and left a healthy surface after a course of carbonate of lime, administered in accordance with a recipe which was current in her family. She manufactured her carbonate of lime by baking oyster-shells in an oven and then scraping off the calcined white lining of the concave shell. The substance thus obtained was reduced to powder, and as much as would lie on a shilling was taken once or twice a day in a little warm water or tea. It was said that perseverance for at least three months was necessary before any good result was to be expected.

"The immediate cause of the publication of my paper was a conversation with Mr. (now Sir) Spencer Wells, to whom I related the particulars of the case above mentioned, and of one or two others which had fallen under my notice, and who suggested that the beneficial action of the powder might be due to the lime which it contained. He told me that he had used lime largely in the treatment of uterine fibroids and other tumors, and that he was convinced that processes of atrophy and calcification, resembling the spontaneous change or degeneration sometimes observed in them, were often produced or promoted by its action. He added that he believed the change commenced in the

coats of the arteries by which the tumors were supplied with blood, and that these coats underwent first an atheromatous and subsequently a calcareous degeneration, in either case with a diminution of the calibre of the vessel and a lessened capacity for the conveyance of blood.

"After the appearance of my paper I was applied to by several persons with an inquiry as to whether their cases were suitable for the employment of the remedy; but in most of these instances I subsequently found that it had been taken for only a few weeks and then abandoned because no result was apparent. I should not hope for manifest benefit in any instance under three months of persistent treatment. A notable exception to the ordinary want of perseverance was furnished by the wife of a physician practicing at Reading. This lady was the subject of a well-marked scirrhus of the breast, which I had myself an opportunity of examining. After a fair and persistent trial of the calcined shell powder for three months, her husband reported to me that 'the tumor had ceased growing, and that she suffered no pain.' She continued to take the powder for several months longer, and for several years her husband paid me an annual visit, always giving the same account, 'that his wife never suffered any inconvenience or pain from her disease, the progress of which had been stopped.'

"The ordinary history of true cancer is such a dismal record of failure, that I think even a few instances in which benefit has been derived from a harmless remedy should encourage the profession to make a trial of it in all suitable cases. It would probably be inexpedient, generally speaking, to disclose the nature of the medicine, and the public mind is by degrees becoming permeated by the knowledge that many important medical actions can only be gradually produced. We have no difficulty in inducing patients to submit to prolonged courses of mercury in the treatment of syphilis, and there is no reason why they should not do the same in a malady which, if possible, is even more formidable. Up to the present time the narratives of cures of cancer have been chiefly suggestive of errors of diagnosis, and no assurance of the value of any proposed remedy can be obtained until it has been used in a sufficient number of instances

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to exclude the possibility of such errors having been committed in the majority of them. Although the experience of Sir Spencer Wells with fibroids points to the probability of a beneficial action upon soft and vascular growths, those which I should myself select for the purpose of further investigation would be typical examples of breast scirrhus, adherent tumors of stony hardness, attended by retraction of the nipple and lancinating pain. About the nature of such, it would seldom be possible to entertain a doubt.

"It is therefore not in cases which admit of any reasonable doubt of their nature that I would desire to urge a trial of the lime powder upon the profession. There are hundreds of instances of unmistakable cancer in which an operation, if performed, may perhaps for a time diminish suffering or may prolong life, but in which it cannot afford any well-grounded hope of restoration to health. For all such I would say that the lime ought to be persistently and fairly tried. It can do no possible harm, it need not interfere with any remedies for the present relief of pain, its action can be referred to a perfectly intelligible and probable hypothesis, and it has been of unquestionable utility in a sufficient number of cases to warrant us in proposing some confidence in its use. We have a great hospital devoted to cancer, and cancer wards in others also; and I think the time has come when this simple means should be fairly tested by the profession. It is not long since we witnessed an extraordinary eagerness to try the Chian turpentine, which was so much extolled by Dr. Clay, and in support of which the *prima facie* case was nothing like so strong as that in favor of the remedy to which I desire once more to call attention."

The Casualties Chargeable to the Employment of Antiseptics in Surgery.

The above is the title of a thesis for Fellowship by Dr. F. Brun, from a summary of which by A. Chevallereau in *La France Medicale*, No. 143, the following abstract is taken: The antiseptics which M. Brun has more particularly studied are phenol, iodoform, and corrosive sublimate. The casualties chargeable to phenol he divides into local and general; amongst the former is erythema, with or without pyrexia, and not unfrequently with vesicles, occasionally followed by eczema. The general casualties are phenol intoxication, characterized by dark urine, violent cephalalgia, nausea, followed by vomiting; in severe cases the cerebral symptoms predominate, collapse, coma, convulsions,

extreme pallor of the skin, sweating, coldness of the extremities, and a lowering of the body heat generally; paralysis of the bladder is not unfrequently present. In sulphate of soda the author thinks we have the most useful antidote for phenol, especially if given when the symptoms first present themselves. Iodoform also produces local and constitutional troubles; amongst the local annoyances are erythema, eczema, and erysipelas; amongst the constitutional troubles are gastric pains, anorexia, and a curious trouble, first noticed by Poncet (of Lyons), that the use of a silver fork or spoon by a patient using iodoform causes an iodoform and silver compound to be formed, which has a particularly fetid smell, which can be made evident by rubbing the silver. To the gastric troubles are superadded nervous ones, insomnia, and nocturnal delirium. During the day the delirium may disappear and the patient become apathetic, and finally suffer from melancholia. Occasionally an eruption resembling scarlatina rash results. The temperature generally remains normal; the pulse, however, becomes diminished in force and increased in frequency. In the most severe cases, after nights of maniacal excitement, it is unusual for the patient to return to his usual quiet state the following day; but the headache continues, the intelligence is obscured, memory fails, and the embarrassment in speaking almost amounts to aphasia. Koenig has noticed in severe cases of iodoform poisoning a comatose condition and also meningitis. In a recent number of the *Medical Press* a case of intestinal irritation, accompanied by severe purging caused by iodoform dressing is recorded. To combat the effects of the poison, Behring recommends a watery solution of 5 to 10 per cent. of bicarbonate of potassium. Casualties from the use of corrosive sublimate are of two kinds, that resulting from its external use and that as an internal medicament. The edges of the wound not unfrequently become inflamed, as do mucous membranes that are long in contact with corrosive solutions. Vesication of the skin sometimes occurs, and occasionally a rash of a bright red color. From its absorption stomatitis, sometimes very severe, albuminuria, hæmaturia, nephritic pains, cephalalgia, intellectual sluggishness, and bleedings from nose or mouth. In succeeding chapters of the monograph casualties resulting from the use of biniodide of mercury, subnitrate of bismuth, boracic acid, salicylic acid, alcohol, chloral, and the iodide and chloride of zinc are detailed.—*Medical Press and Circular*, May 4, 1887.

On the Value of the Hemorrhage in the Treatment of Wounds.

Professor Turazza, in the *Gazetta degli Ospitali* of April 13, publishes a note showing that hemorrhage from wounds, when not due to the lesion of large vessels or carried to excess, is of small importance, and does not interfere with primary union. He believes that the rule generally laid down regarding the first dressing of a wound—viz., to secure complete arrest of hemorrhage and to apply firm compression—though excellent, is not important. Professor Turazza relies on perfect disinfection of the bleeding surface, as far as within reach, by means of weak solutions of phenic acid, or corrosive sublimate. He then leaves the cavity of the wound full of blood, without any doubt as to primary union, the edges of the wound being very accurately sutured. As the result of his experience he formulates a new rule in surgery—"that in wounds perfectly disinfected and free from foreign substances, the effusion of blood is not a source of danger, but the reverse; for the extravasated blood fills up the cavity of the wound perfectly, preventing the formation of empty spaces, and rendering both compression and drainage superfluous, and, further, the organization of the clot favors healing." Professor Turazza also expresses himself as decidedly averse to the use of the drainage-tube, because it increases septic risks, and may remove from the cavity into which it is inserted fluids which in an aseptic condition may be useful by reabsorption. He advises the restriction of the use of the drainage-tube within the narrowest limits, and would deprecate its use even in ovariectomy, hysterectomy, and amputation of the breast, thinking it more dangerous than useful.

This is practically the method advocated by Schede, of Hamburg.

Creasote for Phthisis.

Fraentzel, of Berlin, has been using creasote in the treatment of phthisis since 1877, and has obtained excellent results where the treatment was begun early in the history of the disease. Patients far advanced in phthisis do not get much benefit from it. When it is beneficial the appetite and weight increase, and the expectoration diminishes. The formula used by Fraentzel is as follows:

| | |
|------------------------|------------|
| B. Creasoti, | gr. xxvij. |
| Tr. gentian, | f. 3j. |
| Alcohol, | f. 3j. |
| Vin. xeric, q. s. ad., | f. 3iv. |

M. Sig.—A dessertspoonful twice or thrice daily in a glass of water.

In our last issue we called attention to the use of creasote in phthisis, and to the plan of Sommerbrodt, who gives it in capsules. This plan we believe better than that of Fraentzel, who gives the creasote in solution, and rather too large a dose of it. We can speak from experience of the benefits which may be derived from the use of a pill, or "cachet," containing one grain of creasote and three or four grains of aromatic powder. This may be expected to be well borne by the stomach, and to benefit a patient not too far gone in phthisis.

A Terrible Lesson.

The *Journal d'Hygiène* contains an account of the effects upon several children of Paris from eating some of the bitumen used to repair the streets. A child named F—, 13 years of age, had picked up a bit of the semi-liquid bitumen, and having made it into pills, he swallowed one, and tried to get other children to do the same, saying that it was good for the health, and "better for a cold than the best lozenges." His comrades followed his example; some sucked the bitumen, others ate a certain amount. The unfortunate F— was the first victim. He went home with frightful pain in the stomach, and headache, and died in two days, without confessing to his parents the cause of his illness. His physician had diagnosed the case as one of meningitis. Another child had a severe illness as a consequence of his imprudence, from which, at date of writing, he seemed destined to recover. Others still, having told their teacher of their escapade, recovered from a temporary sickness after energetic emetics had been given them.

Nomenclature of Skin-Diseases; with Especial Reference to Hybrid, Syphilitic, and Medicinal Eruptions.

In an address thus entitled, Dr. Robert Liveing presents the following conclusions:

1. When two skin-diseases coëxist, they are generally quite distinct, and should be called by their well-recognized names.

2. That diseases are not natural, and do not follow the laws of natural development.

3. That it is very doubtful whether hybrid or crossed diseases exist at all, and that certainly there is no sufficient justification for a hybrid nomenclature.

4. That syphilitic skin-diseases differ from ordinary skin-diseases in their etiology, pathology, and treatment; and that this difference should be fully recognized in our nomenclature.

5. That medicinal rashes are not diseases of the skin, but simply eruptions, and should be so named.

Worms in Hens' Eggs.

In the *Monatschrift zum Schutze der Vogelwelt*, Professor Liebe adduces reliable data in answer to the question whether living worms are to be found in hens' eggs. A short time previously his sister had found a round thread-like worm, the length of a little finger, in the white of an egg. It moved itself in a very lively manner. She at once took the white of the egg to a druggist, who put the worm in alcohol. Professor Möbius, of Kiel, decided that the specimen was an example of the thread-worm of fowls—*Heteratis inflexa*—often found in the small intestine of the domestic hen. Only a few instances of the existence of the same in the white of the egg have been recorded.—*Allgemeine Medicinische Central-Zeitung*, April 7, 1887.

Curability of Tubercular Meningitis.

In the *Revue Internationale des Sciences Médicales*, Dr. E. Martel has gathered notes of eight cases of tubercular meningitis cured by the inunction of iodoform. Five of the cases are recorded by Dr. Worfvinge (Stockholm), who speaks very hopefully of this treatment. All his cases evidently were meningeal, but it is not equally clear that all were tubercular. Besides adopting the usual internal remedies, he orders the head to be shaved, and inunction of 1 gramme of iodoform in 5 grammes of vaseline, to be made night and morning; 2 grammes of iodoform are thus rubbed in daily, and considerable irritation of the scalp frequently follows. After inunction, the head is covered with a light waterproof cap. In five cases, inunction was carried on for 17, 19, 30, 32, and 9 days respectively.

Treatment of Neuralgia by Chloride of Methyl.

At the Société Médicale des Hopitaux, M. Debore said that since 1884 his treatment of neuralgia by the chloride of methyl method embraced numerous cases. Over 150 persons suffering from sciatica were almost all cured instantaneously. He did not succeed so well in lumbago. Great prudence should be observed when the patients were diabetic, albuminuric, or very fat, and where there was œdema it should not be tried. After the application of the chloride of methyl, the skin remains permanently pig-

mented, so that where the face is concerned, the operation should be very quickly done and repeated.

The Work of Continental Hospitals.

The following statistics are taken from the article on the subject by Dr. E. Raseri in the *Revista della Beneficenza Publica*:

| States. | Number of Hospitals. | Patients Cured..... | Deaths..... | Proportion of sick to 1000 inhabitants. | Deaths in 1000 treated..... |
|--------------|----------------------|---------------------|-------------|---|-----------------------------|
| Italy..... | 1192 | 307,085 | 38,431 | 12 | 111 |
| France..... | 1198 | 359,810 | 41,041 | 11 | 102 |
| Germany..... | 2109 | 506,045 | 42,579 | 12 | 79 |
| Austria..... | 549 | 227,315 | 28,704 | 12 | 112 |
| Sweden..... | 112 | 35,568 | 2,600 | 8 | 68 |

| Cities. | Patients treated. | Proportion per 1000 inhab. |
|-------------|-------------------|----------------------------|
| Rome..... | 26,847 | 84 |
| Paris..... | 110,345 | 50 |
| Berlin..... | 43,551 | 36 |
| Vienna..... | 51,537 | 73 |

Ice in Post-partum Hemorrhage.

Several cases in which post-partum hemorrhage was successfully stopped by the introduction of pieces of ice into the uterus have been followed by symptoms of septicæmia. This fact, taken in conjunction with the recent researches of Prudden as to the presence of living bacteria in ice, may perhaps point to direct septic infection from the use of ice. Under any circumstances, hot water is probable preferable as a hemostatic agent, and the possibility of conveying septic germs in ice thus brought forward is another and still stronger argument against the employment of the latter.

Death Following Internal Urethrotomy.

Internal urethrotomy is so seldom followed by untoward results that the case reported by M. Jobard to the Surgical Society of Paris at their meeting on the 23d of February, 1887, is of much interest. M. Jobard performed internal urethrotomy for a traumatic stricture, and the case presented no unusual incident, except a rather free bleeding. The evening of the same day he was recalled to see his patient, who was dying, death resulting that night.

Remarkable Deformity of the Clitoris.

In the meeting of the Vienna College of Physicians, April 1, Friedinger described a case of extreme abnormality of the clitoris. The patient was a nurse in the Foundling Hospital; the clitoris was as long as one's

thumb, had a prepuce, and at the extremity, where the glans penis is normally located, there was an opening through which the urine was voided. Beside this, and a little behind, was the urethra in its normal position. The long clitoris had the appearance of a virile organ hanging over the ostium vaginae.—*Allgemeine Medicinische Central-Zeitung*, April 13, 1887.

Fistula, Urethro-vesical Vaginal.

M. Pozzi, in the Surgical Society of Paris, narrated a case of successful operation for urethral vesical vaginal fistula in a patient who had been unsuccessfully operated on eleven times in the preceding eleven years. He ascribes his success to the use of the American Urethral forcing method.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

Healthy Homes and Food for the Working-Classes. American Public Health Association. Lomb Prize Essay. By Victor C. Vaughan, M. D., Ph. D., Professor in University of Michigan.

Manual of Practical Pharmaceutical Assaying, including Details of the Simplest and Best Methods of Determining the Strength of Crude Drugs and of Galenical Preparations. Designed especially for the use of the student and of the practical pharmacist. By A. B. Lyons, A. M., M. D. Detroit: D. O. Haynes & Company, publishers, 1886.

An admirably compact and practical treatise.

Does the Present State of Knowledge Justify a Clinical and Pathological Correlation of Rheumatism, Gout, Diabetes, and Chronic Bright's Disease? By James Tyson, M. D.

Nasal Reflexes as a Cause of Diseases of the Eye. By W. Cheatham, M. D.

Uterine Fibro-Myoma Complicating Delivery. Tumor Enucleated; Child Living; Mother recovered. Service of E. J. Beall, M. D., Fort Worth, Texas.

Miscellaneous Papers Relating to Anthropology. From the Smithsonian Report for 1885.

The Vest-Pocket Anatomist (founded upon Gray). By C. Henri Leonard, A. M.,

M. D., Professor of the Medical and Surgical Diseases of Women in the Detroit College of Medicine. 13th Revised Edition, enlarged by Sections on Anatomical Triangles and Spaces, Herniæ, Gynecological Anatomy and Dissection Hints. Detroit: The Illustrated Medical Journal Co., 1887, cloth, 86 illustrations, 154 pages, post-paid, 75 cents.

The Physician's Dose and Symptom Book. By Joseph H. Wythe, M. D. Seventeenth Edition. Philadelphia: P. Blakiston, Son & Co., 1887.

Transactions of the Association of American Physicians, First Session, Washington, D. C., June 17th and 18th, 1886. Francis Delafield, M. D., President; James Tyson, M. D., Secretary; James P. Whitaker, M. D., Recorder. Philadelphia: Dornan, Printer, 1886.

Elementary Microscopical Technology. Part I. The Technical History of a Slide. By Frank G. James, Ph. D., M. D. St. Louis Medical & Surgical Journal Co., 1887.

The Lomb Prize Essays are published by the American Public Health Association, and may be obtained at cost price, separately or in a bound volume, by addressing the Secretary of the Association, Dr. Irving A. Watson, M. D., Concord, N. H. The titles of the essays are as follows:

I. "Healthy Homes and Food for the Working Classes." By Victor C. Vaughan, M. D., Ph. D., Professor in University of Michigan.

II. "The Sanitary Conditions and Necessities of School-houses and School-life." By D. F. Lincoln, M. D., Boston, Mass.

III. "Disinfection and Individual Prophylaxis against Infectious Diseases." By George M. Sternberg, M. D., Major and Surgeon U. S. Army.

IV. "Preventable Causes of Disease, Injury, and Death in American Manufactories and Workshops, and the Best Means and Appliances for Preventing and Avoiding Them." By George H. Ireland, Springfield, Mass.

The Claim of Moral Insanity in Its Medico-Legal Aspects. By James Hendrie Lloyd, M. D.

Does Pulmonary Consumption tend to Exterminate the American Indian? By Thomas J. Mays, M. D.

An Experimental Inquiry into the Chest Movements of the Indian Female. By Thos. J. Mays, M. D., Philadelphia, Pa. Read before the College of Physicians (Phila.), April 6, 1887.

THE Medical and Surgical Reporter.

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N. A. RANDOLPH, M. D., } EDITORS.
CHARLES W. DULLES, M. D., }

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A correct statement of the circulation of THE MEDICAL AND SURGICAL REPORTER will be published in each number. The regular edition for this week is 5,500 copies.

The editions of the REPORTER for May 7th and May 14th are exhausted, and orders are on hand for over one hundred copies of each. We will pay ten cents for each of these numbers, or, if any subscriber does not file his REPORTERS, he will place us under obligation by sending these numbers, and we, in return, will increase the duration of his present subscription two weeks. The address printed on the wrapper of the REPORTER gives the date to which each subscription is paid up, and the change in this date will indicate receipt of REPORTERS by us.

THE INTERNATIONAL MEDICAL CONGRESS.

We notice that the editor of the *Berliner klinische Wochenschrift* advises its readers to decide upon going to the next Medical Congress or not, according to their own wishes or their regard for the opinion of friends—presumably in America.

This advice throws a responsibility upon the medical men of this country which some of them may find it somewhat embarrassing to meet. Their attitude towards the Congress in the past has been one of active or

passive opposition, and, although they might desire the success of the Congress, as a Congress, their abiding convictions, or their ideas of consistency, may prompt them to maintain towards this Congress the attitude which they have assumed. This is a state of affairs which we heartily regret, and we wish to do anything we can to better it.

Our view of the matter is this: Whatever differences of opinion there may have been in the past, whatever feeling of private wrong or of public error may still exist, patriotism and good sense demand that we should all strive to make the Congress a success. To oppose it now can only serve one end—to demonstrate that one-half of our country cannot do without the other. But who could desire to push this to a demonstration? We trust that, while the world lasts, no part of this country shall ever be able to be without any other, in politics, in science, in industries; that East and West, North and South, shall be inseparable in all good things. At present there is only too much evidence of the injury to all which is brought about by dissension. The credit of the country has been injured by the discord which has existed in regard to the Congress, and if those who thought it was wrong to array one section of the country against the other, and those who thought there was just ground for offence and retaliation, are not much wiser to-day than they were two years ago, then experience has failed to do its usual work. Both sides in this unfortunate controversy must now see how hasty action makes a difference worse, and that only calm forbearance and mutual concession can mend it. At the present moment he who feels most in the right can afford to show himself most conciliating, and we believe that all who have the future welfare of the country and the true glory of the profession at heart may and should dismiss the past and unite with those from whom they have been for a while separated, in laboring for the advancement of the next International Medical Congress. The present editors of the MEDICAL AND SURGICAL

REPORTER have shared the sentiments of the majority of the profession in Philadelphia in the past history of this question, and they trust that they are now only voicing the sentiments of this same majority when they give the coming Congress their best wishes, and promise to do all they can to make it a success and a credit to the country.

COCAINE IN WHOOPING COUGH.

In a recent paper in the *Allgemeine Medicinische Central Zeitung*, Dr. Weissenberg, of Colberg, calls attention to the benefit he has seen to follow the use of cocaine in several different diseases. The first of these is whooping cough. In using the cocaine, he began by attempting to paint the fauces of the children with a 5 or 10 per cent. solution. But, as might have been anticipated, he soon had to abandon this plan; for the mechanical irritation of the throat, and the excitement which the process set up, rendered the method rather harmful than beneficial. He then tried the internal administration of from 10 to 20 drops of a one per cent solution of cocaine in bitter almond water. The dose was given three or four times a day, upon a lump of sugar, as Weissenberg hoped in this way to keep the medicament longer in contact with the fauces. In three or four days he found marked improvement in his little patients; and, while he does not overlook the benefit they may have obtained from attention to hygienic measures, he is disposed to attribute the fact that he has never before had such good results in the treatment of whooping cough to the use of the cocaine.

It will not escape our readers that the endeavor to cure whooping cough by merely anodyne applications to the throat, and applications which must be so unequally distributed as a few drops of a one per cent. solution mixed with a lump of sugar, lacks something in the way of scientific accuracy. Nor will the fact be overlooked that the attempt to cure this disorder with anodyne applications to the fauces alone cannot be justified from the standpoint of the believer in the germ-theory of this disease. These facts suggest interesting lines of study for the theorist. But more important to the practitioner is the fact that a careful observer has found that applications, to the throat, of an anodyne, such as cocaine, in even so imperfect a way, does good to the patients. This fact justifies the further use of this

method, although it has by no means always been so successful as it has been in the hands of Weissenberg. Like other methods for the treatment of whooping cough, it has disappointed some who have tried it. Still, since there is no method of which this is not true, and since cocaine administered as Weissenberg administered it is not hard to take, and as there can be no doubt that much of the severity of whooping-cough attacks is dependent upon the hyperæsthesia of the fauces which they themselves cause, this easy method seems also to be a rational one. Let our readers try it, and give their fellow readers the benefit of their experience.

A YEAR BEHIND TIME.

Our excellent contemporary, the *New York Medical Journal*, announced on May 28, that the Pennsylvania State Medical Society would meet at Williamsport, on June 1. This is a mistake, as the meeting at Williamsport was held just a year ago. The next meeting of the Medical Society of the State of Pennsylvania will be held at Bedford, on June 29. Communications in regard to papers should be sent to Dr. S. H. Gump, at that place.

NOTES AND COMMENTS.

Treatment of Functional Insomnia.

We extract the following practical points from an article by Dr. Sachs, of New York, published in the *Medical News* of May 28, 1887:

Summarizing the experience I have had in the above cases of functional insomnia seen during the last year or more, I find that I have used for treatment chloral and bromide, the bromides separately, the amorphous hyoscyamine, paraldehyde, urethan, and, in a single instance, hypnone. Morphine I have never used in these cases, as I object to it in all cases in which there is not severe pain, and certainly object to it in cases such as these, when the patient would be quite prepared to contract the habit. The bromides alone have been of occasional service to me, if given in one-half to one drachm doses, in cases of extreme restlessness; but even in these I have learned to substitute amorphous hyoscyamine in doses of about one-twentieth of a grain, repeated every three hours.

I object most strenuously to the plan advocated by Dr. W. A. Hammond and others,

of keeping these patients for a long time under the influence of the bromides. These neurasthenic patients require all the will power they can possibly command, and are in much greater need of tonics than of bromides. It is easy enough to bring about a condition of semi-stupor in such patients; but that is not equivalent to bringing about healthful sleep.

Paraldehyde I used freely about nine months ago, and for several months later. I gave it in doses of one to one and a half drachms, in claret. This dose was always sufficient to bring about sleep the first few nights, but if required beyond this time, the drug proved unsatisfactory, as the hypnotic dose had to be increased; and, while I noticed no deleterious action upon the heart or other organs, the odor it imparted to the breath was excessively disagreeable. One female patient, whom I had not had occasion to see for some months, sent for me one morning after she had had a sleepless night. She had been using paraldehyde steadily in spite of my remonstrances, and I found, on entering, that the room was actually filled with the exhalation of paraldehyde.

Urethan has been satisfactory in a number of cases. It has no disagreeable after-effects, and does not irritate either stomach or bowels. It has been my experience that the dose should be between thirty and forty grains, and that greater quantities of Merck's preparation induce wakefulness rather than sleep.

The mixture of fifteen grains of bromide and twenty grains of chloral has often come to the rescue when every other hypnotic refused to act. I have seen no ill-effects follow the exhibition of this mixture, even in cases of weak heart.

A word as regards electrical treatment. In several cases in which no other remedy could secure relief, I have been able to induce sleep by galvanism applied to the head after the patient had retired for the night. I have given galvanism in the form of sub-audal applications—supposed sympathetic galvanization—and by passing currents directly through the head, with one pole on the nape of the neck, and the other on the forehead; changing the poles cautiously, and allowing the current to flow in an opposite direction, and never using a current of more than two milliamperes. Occasionally I placed one pole over each temple. I have not been successful in the endeavor to bring on sleep by general faradization. I would not apply faradization to the head under any circumstances. Moreover, so far as our pres-

ent knowledge goes, galvanism is more effective than faradisation in bringing about vasomotor changes.

If I have accomplished nothing else, I trust I have convinced some of you that in the treatment of these cases of neurasthenic insomnia, we are in need not so much of additional hypnotics, as of more effective means of regulating and influencing cerebral circulation.

Uses of Menthol.

Menthol is most commonly used in the form of pencils; its solutions or ointments, although possibly not so convenient, are probably more lasting in their effects.

Macdonald used a ten per cent. alcoholic solution. Steward used a solution in brom-ethyl. The following is a formula for a useful ointment:

| | |
|--------------|--------------------------|
| R. Menthol, | 1 part. |
| Ol. olivari, | $\frac{1}{2}$ part. |
| Lanolini, | $8\frac{1}{2}$ parts. M. |

F. unguentum.

Sig.—Lanolin migraine ointment.

For many uses, as applications to the mucous membranes, the following formula, which gives a semi-fluid product, is useful; the substance resulting may be conveniently applied by a camel's hair pencil:

| | |
|--------------------------|-------------|
| R. Menthol, | 1 part. |
| Dissolve in ol. olivari, | 3 parts. |
| And add lanolini, | 6 parts. M. |

F. unguentum.

In the treatment of burns the following lotion may be used in place of ointments:

| | |
|--------------------------|--------------|
| R. Menthol, | 1 part. |
| Dissolve in ol. olivari, | 9 parts. |
| And add aq. calcis, | 10 parts. M. |

F. linimentum.

Menthol may also be used in combination in plasters, and has in this form manifold applications.

For toothache from caries a small crystal of menthol may be placed in the hollow tooth, or a mixture of equal parts menthol and chloral hydrate. As is the case when camphor and chloral are mixed, a fluid results. A pledget of cotton may be saturated with menthol chloral and placed in the hollow of the tooth.

Rabon recommends menthol as snuff in the treatment of coryza. The effect of menthol as a local anæsthetic is much weaker than its analgesic effect. The proposal of Rosenberg to combine menthol with cocaine for the production of local anæsthesia in the nose and pharynx cannot be considered of great value. In the treatment of reflex neuroses, whose origin was the nasal cavity,

Rosenberg obtained excellent results with small bougies of glycerin and gelatin which contained one-sixth grain of menthol; these were inserted into the site of the lesion.—*Therapeutic Gazette*, May 15, 1887.

On Linear Scars in the Skin.

Dr. Jonathan Hutchinson, in the *British Medical Journal* of May 7, 1887, says:

I doubt not that many observers have remarked that it is often difficult to find an explanation of lineal scars in the skin, I mean those which resemble the scars of pregnancy. It is well known that they are produced by anything which has caused distension and stretching, and that they are often seen after pregnancy, dropsy, obesity, synovial effusion, etc. Sometimes stretching without distension causes them. I once saw them in a very marked form on the knees and ankles of a girl who suffered from cystitis, but who had never been fat nor had any swelling of joints. The explanation was that she had been accustomed to sit for hours together in a squatting attitude on the chamber-utensil, straining to pass water. To repeat, however, my first assertion, I have often seen them when there was no explanation whatever to be obtained. A gentleman, aged 30, came to me for a chance, and, in exposing his abdomen, I noticed that, crossing his abdomen on each side obliquely downward, were a series of cicatricial streaks exactly like those of pregnancy. They were very conspicuous. He said that he had had them all his life, and that he used to be teased about them at school. He said, also, that a twin brother had them in exactly the same condition. This gentleman was stout, and it is possible that in infancy he was very fat, but unless this suggestion may be allowed to explain them, there was really nothing to be found. He had never had dropsy, nor any kind of abdominal distension. In these unexplained cases, it is worth keeping in mind that conditions of great local development of fat may have occurred in early childhood. I do not know how early in life these linear scars have been observed.

Abortion Following the Use of Potassium Permanganate.

J. J. Mann, M. D., of Nashville, N. C., writes as follows to the *Therapeutic Gazette* of May:

GENTLEMEN: I saw in your last issue an article entitled "Abortion following the Use of Permanganate of Potassium." I have a simi-

lar case I wish you would publish in the next issue. Last July a colored woman applied to me for treatment, and stated that her menstrual periods had never been regular before marriage, and during the three years she had been married she had gone three months at a time without menstruating. At the time she applied to me it had been one year since she menstruated the last time, but during that time her general health had been very much depreciated. I at first gave her tonics, thinking, perhaps, by building up her general health it would set things aright. After keeping her on the tonics for some time, I found she derived no benefit from the treatment as regards the menstrual periods, although her general health was greatly improved. I then put her on permanganate of potassium, 2 grains three times a day (having no idea that she was pregnant). After she had been taking it a few days I was summoned to see her, and upon my arrival I found that she had aborted, and the fetus looked to be about two months old.

Notwithstanding some good authorities say that the permanganate does not have any influence upon the gravid uterus, yet I believe it caused abortion in this case.

The Crown Prince's Throat.

The illness and death of General Grant called the attention of many persons in this country to the subject of morbid growths in the throat. And now we fear that a similar misfortune is likely to fix the minds of many in Europe upon this painful subject. Recent despatches from Berlin indicate that there is reason to fear that Crown Prince Frederick William of Germany has a malignant growth in the fauces or larynx.

It is stated that in January last the Prince was seized with an inflammation of the throat, accompanied by a slight cough and intense hoarseness. The symptoms did not yield to remedies which had before proved successful.

Dr. Mackenzie, of London, was called in consultation, and found the prince's condition not so serious as to exclude a hope that the trouble might be removed with proper treatment in the course of time. This statement was less assuring than had been expected, and has cast a gloom over official circles. Dr. Mackenzie operated with laryngeal forceps and successfully removed a foreign growth from the prince's throat, but the prince remains liable to a relapse from a return of the tumor. Virchow is said to have examined the portion of tumor re-

moved, and to have declared that it was not malignant.

A Heroic Method of Producing Emesis.

We have received from a Boston correspondent (says the *Therapeutic Gazette*) a letter from which the following extract is taken:

"I have never yet seen in any work on materia medica, therapeutics, or toxicology, the following method of emptying the stomach in cases of opium-poisoning. I have found it rapid and effective in two cases. It is entirely mechanical, but acts in a very short time: Four to six ounces of sodii bicarb. stirred well into a goblet of water and swallowed. In a few moments follow it by a goblet of good vinegar. The result is that a perfect fountain of the mixture, with the contents of the stomach also, flies out of the mouth into the basin. I first heard of it from Dr. Henry G. Clark, of this city."

To this the editors of the *Gazette* reply: "We think that this method of causing emesis has not been widely practiced in the profession. It is certainly very heroic, and to one who has never seen the play of this human geyser, somewhat appalling. Probably in a strong, vigorous patient, the plan would not be able either to produce fatal strangulation or rupture of the stomach."

Novel Surgical Operation.

A patient from the interior of the State was operated upon recently at the Jefferson College Hospital, in this city, by Dr. J. M. Barton, one of the surgeons of the hospital, for chronic obstruction of the bowels, which had existed for about one year. The operation was one which, it is stated, had never before been performed here, although similar ones had been performed by Professor Loretta, of Bologna. The patient having been placed under the influence of an anæsthetic, Dr. Barton opened the abdomen, and found that the calibre of the large and small intestine, at their junction, had become contracted to the size of a quill. The intestine was opened beyond the obstruction, and, by means of instruments and the finger, the contracted portion was dilated to its natural size. The wounds were then closed and dressed, and the patient is now in a convalescent condition and practically out of danger. In the cases reported by Professor Loretta, the dilatation was effected at the pyloric orifice of the stomach and was done for cancerous growths.

A Clean Double-Barrelled Catheter.

Dr. H. N. Allen, of Seoul, Corea, writes as follows in an exchange: "Such an instrument may be readily improvised for washing out the bladder (especially of a female), by making an eyelet on the opposite side of a No. 12 rubber catheter, and passing into the No. 12 one of say No. 4 size. The fluid can then be injected through the No. 4, coming out through the regular eyelet of No. 12, and returning through the newly-made eyelet. As this idea occurred originally to me, I presume it has already occurred to many other practitioners. But as it may not have suggested itself to every one to whom it may be useful, I mention it for what it is worth. It allows the employment of a new, clean instrument for every case, as well as supplies the demand when the regularly-made article is not at hand."

The Pulse in Morphinomania.

At a recent meeting of the Académie des Sciences, MM. B. Ball and O. Jennings described certain characteristics of the pulse in morphinomaniacs. The pulse is normal during the period of satisfaction, while the patient is still under the influence of a recent puncture. When he begins to feel renewed craving, the pulse presents a flat elevated surface; this indicates the diminution of cardiac impulse, and explains the sensation of weakness experienced by the patient. The presence of this flat surface is useful in the diagnosis of morphinomania. Treatment should be directed to the stimulation of the heart.

Incubation and Transmission of Epidemic Parotitis.

Three cases are reported by Dr. Roth, which aid in establishing the time of incubation and the manner of transmission of mumps: The period of incubation in all three cases was eighteen days. The first case was caused by actual contact; in the second, the infectious material was apparently brought by the physician himself from a patient in the hospital to another patient in his home; in the third case, the patient used the same bedding which had previously been used by a patient with parotitis.—*Boston Medical and Surgical Journal*, May 19, 1887.

Wound of the Heart.

A man named Mulcahy was shot recently in Cork, and died nine hours after removal

to the Infirmary. It appears that the bullet passed through the pericardium, the right ventricle of the heart, the left auricle, and again through the pericardium to the front of the spinal column. The interesting point of the case is that the man lived for nine hours after the infliction of such a wound.

CORRESPONDENCE.

Fractures of Long Bones in Infants.

EDS. MED. AND SURG. REPORTER:

SIRS: The following is a description of a simple device which I have used with the most gratifying results in the treatment of fractures of long bones in infants.

Take a piece of common rubber adhesive plaster of the length of the limb, and wide enough to almost, but not quite, encircle it. Upon the back of this glue lengthwise strips of cigar box or other thin wood. Let the strips be $\frac{1}{2}$ in. wide, and let them be glued from $\frac{1}{4}$ to $\frac{1}{2}$ in. apart. This makes an easily applied and self-retaining apparatus. All that is necessary is to bring the fractured ends of the bone in apposition, wrap the plaster carefully around the limb, and hold it there until firmly adherent. It may be left on until union takes place.

The advantages of such an appliance over plaster, and other dressings, in the treatment of this class of cases, are too apparent to need mentioning. I send you a description of it in the hope that it may be of service to some of your readers, to whom the idea may not have occurred.

EDWIN B. TEFT, M. D.

New Rochelle, N. Y., May 25, 1887.

On Paragraphing.

One of our most valued contributors writes from Indiana as follows:

EDS. MED. AND SURG. REPORTER:

SIRS: Yours of the 26th inst. received duly. I wish you all possible success, and have not the least doubt that you will succeed. I have been a subscriber for the REPORTER a number of years, and have contributed to its columns, as I have to various other journals throughout the country. There are a great many subjects in our science which are by no means exhausted, and which will yet bear many *brief* and *practical* remarks.

I am trying—as you have no doubt observed, to introduce the style of “paragraph contributions” among physicians, thus doing

away with the old custom of occupying a dozen pages in saying what might be said in a dozen words. Of course there are certain subjects, articles, papers, and contributions, etc., which cannot very well be condensed and treat the matter written upon exhaustively. But in the great majority of instances, a mere paragraph or two is all that is necessary if properly occupied. I do not believe any article of a single paragraph is ever allowed to pass unread. * * * * I believe you are the *only* editors who *advertise* or *announce* that you will pay for original articles. I have received pay for contributions from editors, but they did not care to have it generally known that they ever compensated in *cash* those who wrote for them. Yours, etc., *.*

May 31, 1887.

[We do not desire undue credit, and we are glad to state here that the *Medical News* of this city also offers remuneration to contributors to its original department. We earnestly endorse and commend to our contributors the remarks of this correspondent upon the advantages of condensation.—EDITORS OF THE REPORTER.]

Is Homœopathy Increasing?

St. Louis, Mo., May 21, 1887.

EDS. MED. AND SURG. REPORTER:

“Homœopathy has increased and is increasing in the United States.”

Will you kindly answer the above to decide an argument?

Yours truly,

A. T. GENAUS.

[We would be very glad to have our readers answer, each for his own locality:

1. Whether, or not, the number of persons practicing under the name of “homœopath” is increasing?

2. Whether, or not, the number of persons under the treatment of homœopathic practitioners is increasing?

3. How the state of affairs is to be explained?

We will follow with our own opinions on this subject.—EDITORS OF THE REPORTER.]

—A statue to Broca, the celebrated surgeon and physician, is to be erected in Paris some time during next August. The place chosen is on the Boulevard St. Germain, near the corner of the Rue de l'Ecole de Médecine. The statue is now exhibited at the Salon. It is the work of a deaf and dumb sculptor, M. Chopin.

NEWS AND MISCELLANY.

Druggists' Orders.

A Cambridgeport druggist has made a practice for some years of saving in a scrap-book some of the most peculiar orders which he receives. "We are asked for some rather strange things," he said to the writer, "but we can generally guess what is wanted. Many people expect a druggist to prescribe for their ailments, as it saves physicians' charges; and the diagnoses of complaints which come to us are often amusing. Look at these: 'Send me some of the essence you put people to sleep with when you cut their fingers off.' That evidently means ether. 'I want something to take tobacco out of my mouth.' Of course, the scent of tobacco was the thing objected to. 'Send me a baby's top to a nursing bottle,' means, without doubt, a nursing-bottle top. 'An ounce of the smelling stuff that goes through your brain,' describes very well the effect of inhaling ammonia. 'Something for a sore baby's eye,' is not easy to mistake, though stated rather oddly. Here is a startling order for 'enough epiac to throw up a girl 4 years old.' We cannot help sympathizing with this person, who asks for 'enough anise seed to take the twist out of a dose of senna.' Here is a graphic description of a certain ailment in a request for a 'plaster for a man kilt with stitches.' Perhaps the one who wrote this order for 'something for a caustic woman,' built better than he knew. Here is a request for 'something to knock a cold out of an old woman.' The next one seems to be in hard condition. She desires 'something for a woman with a bad cough and cannot cough.' No druggist would hesitate for a minute to fill this order: 'Something, I forget the name, but it is for a cure.' 'Our own preparation' will just fill the bill in such a case. But what would we send for 'a swelled woman's foot,' 'a man with a dry spit on him,' and 'a woman whose appetite is loose on her.'"

Child Crying in Utero.

Dr. R. G. Loverock sends the following interesting note to the editor of the *Medical Press and Circular*, which appears in that journal for May 11, 1887:

In a medico-legal view, I think the following case well worth reporting: On the 7th of January last, I was called upon to attend Mary R., aged 22 years, a traveling photographer's wife, in her first confinement.

She was lodging in this village at the time. On my arrival, I was informed by the midwife that the show had come away, and that the woman had had labor pains for a few hours before. On examination, I found the os dilated to about the size of a shilling. I left instructions as to the case, and returned to see the woman at 11 p. m. The os was then well dilated, and the case looked as if it would end as a natural labor; but at six o'clock on the morning of the 8th I was sent for, and finding the head locked in the brim of the pelvis, not having made any advance since my last visit, I ruptured the membranes, gave a dose of ergot, and applied the long forceps with some difficulty. I then waited for the first pain, and made traction, when the child (still *in utero*) was heard to cry audibly, not only by myself but by the midwife and another woman who was in the room. At each pain, when traction was used, this occurred, until the head was outside the vulva. The child was alive and healthy when delivered, and is still alive.

Selection in Breeding.

We print the following clipping from the *American Agriculturist* for June, because it is almost as suggestive to the philosophic physician as to the stock-breeder. The coupling of two animals cannot, *of itself*, produce qualities to a degree greater than the sum of that to which they exist in the animals and their ancestors. The breeding of animals can create excellence only by addition and holding the same. In the true sense of the term, qualities in animals are *created* only by environment. For breeding to make any improvement, there must first be one superior animal, and its superiority can come only of more favorable conditions surrounding it. Hence improvement is made along two lines: By surrounding animals with favorable conditions, and by selection in breeding. The first produces in individuals greater merit than is possessed by those animals not so happily situated; the second combines and holds this merit. The animal of superior merit not only has more good points than the average animal, but it has fewer bad points; and when two superior animals are selected and bred, their merits are doubled and their defects are divided, as compared with the merits and faults of animals reproduced in their offspring. It is plain that selection in breeding can accomplish nothing, unless the animals are first surrounded by unusually favorable conditions. On the other hand, favorable enviro-

onment is of little value without selection in breeding, for the good results produced by it may be lost with each animal. There will be no aggregation and retention of merit. Hence the two must go hand in hand.

Ten Students Make a Peculiar Experiment With Tapeworm Eggs.

Late reports from Geneva, Switzerland, state that some weeks ago the distinguished scientist, Dr. F. Zschokke, and ten of the students at the Zoölogical Laboratory, undertook a heroic experiment for the purpose of studying the development of tapeworms in the human system, to which end they swallowed some eggs of the repulsive parasite. From every part of Europe they received letters of approbation and encouragement. The eggs had been taken from a variety of fishes known or suspected to be transmitters of the tapeworm. For nearly two weeks everything went well, but in the course of the third week the presence of the unpleasant guests manifested itself plainly with most of the experimentalists. In every instance a complete removal of the parasite was effected, the specimens extracted varying in size, two or three reaching a length of six feet. Dr. Zschokke is about to publish the result of this experiment.

New York Medical Missionary Society.

During the past week the managers of the New York Medical Missionary Society conferred in regard to enlarging the scope of their organization, and decided to insert the word "International" in the place of "New York" in the name of the Society. The chief operations of the Society will be the training of men and women to go to foreign countries as medical missionaries, the establishing of medical missions in the cities of the Union and elsewhere. Nearly two thousand young men and women have offered themselves for missionary service during the last few months.

The managers realize the value of medical knowledge in the mission field as an agency to overcome prejudice, establish confidence, and thus obtain an entrance for Christianity. The Society is composed of members of the leading evangelical denominations, and the strictest economy is practised by its students and missionaries, the latter becoming as far as possible self-supporting.

Medical College of Ohio, Cincinnati.

Prof. W. W. Dawson, for many years

Professor of Surgery, has discontinued didactic teaching, but will remain in the College Faculty as Professor of Clinical Surgery, delivering weekly clinical lectures at the Good Samaritan Hospital.

Prof. Thad. A. Reamy also retires from didactic teaching, having accepted the position of Professor of Clinical Gynæcology, and will continue to address his classes in the Cincinnati and Good Samaritan Hospitals.

Prof. P. S. Conner has been appointed to the position of Professor of Surgery and Clinical Surgery.

Prof. Jos. Ransohoff becomes Professor of Anatomy.

Dr. J. L. Crilley, for many years Demonstrator of Anatomy, has been appointed Adjunct Professor of Anatomy.

Dr. F. Kebler, who has heretofore been lecturer on Pathology, has been appointed Adjunct Professor of Practice and Lecturer on Hygiene.

American Medical Missions in Siam.

On May 5, Secretary of State Bayard received a despatch from the United States Minister at Bangkok, reporting that the Siamese King and Queen, who have lately returned from a visit to Petchabure, had expressed much gratification at the course pursued by the American missionaries there, and stating that their majesties had made large gifts of money to the hospital established by them, and to the missionary schools in charge of Misses Coit, Small, and Neilson, at that point. His majesty presented Rev. Mr. Dunlap with a handsome gold watch and chain, and Dr. Thompson, a graduate of the University of Pennsylvania in 1886, with a gold medal and pencil, for their meritorious conduct in assisting the sufferers of a gunboat which exploded her boilers near Petchabure. The king also manifested in other ways his high regard for the work which the American missionaries are doing in Siam.

Death of Professor Gosselin.

Athanase-Léon Gosselin was born in Paris in 1815. He graduated there as Doctor of Medicine in 1843, and filled several important posts, such as those of head or consulting surgeon of the Lourcine, Cochin, Beaujon, Pitié, and Charité hospitals. He was also much appreciated as a professor at the Faculty of Medicine. In 1860 he was elected to the Academy of Medicine, and in 1874 to the Academy of Sciences, in the

place of Nélaton. As a token of mourning, the Monday meeting of the Academy of Sciences adjourned after an allocution by the Vice-President. On Tuesday similar action was taken by the Academy of Medicine, while the Faculty was closed on the occasion of the Professor's funeral.

Careless Microscopist.

Owing to the Teutonic taste for raw ham, every German town has an official microscopist whose duty it is to examine all the hams placed in the market. At Schebitz recently several persons died of trichinosis, and the court, having found a verdict against the microscopist for careless performance of his duty, condemned him to two years' imprisonment. So says an exchange. It was certainly carelessness, for no microscopist can fail to recognize *trichina spiralis* if he makes a thorough examination of the meat.—*Pacific Record of Medicine and Surgery*, May 15, 1887.

A Touching Incident.

The following account of the late Dr. Wilson Fox's last moments, when his friend, Dr. J. Russell Reynolds, was at his bedside, is given in the *Lancet's* obituary: "On the next morning, when obviously and consciously dying, and after his eyes had been fixed for a few minutes on the angle of the room, and as some gray streaks of dawn were entering it, he said suddenly: 'There is a great light, a great glare of light. . . I feel so strange . . . a glare of light. What is it, Reynolds?' The reply was: 'It is the peace of God.' He grasped his friend's hand firmly, and said: 'God bless you.'"

American Medical Association.

PHILADELPHIA, May 31, 1887.

EDS. MED. AND SURG. REPORTER:

At this late hour I find the railroad will not issue certificates except through Dr. L. H. Montgomery, 189 Randolph street, Chicago, Ill. Please insert in REPORTER. It has given me much extra work to notify delegates to this effect.

Truly yours, WM. B. ATKINSON,
Permanent Secretary.

1400 Pine street, Southwest cor. Broad.

Sulphur.

Prof. Hugo-Schulz, of the University of Greifswald, in the *Deutsche medizinische Wochenschrift*, after many trials of sulphur

in chlorosis, arrives at the following conclusions: In true chlorosis where iron is not producing the desired effect, sulphur may be given with advantage. After the employment of sulphur for some time, iron acts with greater effect. In cases of chlorosis complicated with catarrh of the stomach, sulphur is not well borne.

Items.

—Dr. Fehling has been named Professor of Obstetrics and Gynecology at the Faculté de Médecine at Basle.

—Dr. F. P. Henry, of Philadelphia, has been elected a corresponding member of the Royal Academy of Medicine of Rome.

—"I see that bacteria have been discovered in Hudson River ice," observed Fangle. "Ah!" replied his wife; "that will be another excuse for raising the price, I suppose."

—Excessive rope-jumping has already begun to send the little ones prematurely to their graves. The death of a girl in Pittsburgh last week was ascribed to it, and so also is the precarious condition of another child in the same city.

—It is said that a Baltimore "doctor" prescribes a good many love powders to anxious patients, and a druggist of that city makes a good thing out of compounding the prescription, which is as follows: "Pura sacchara alba, hydrant aqua. Take as directed."

—The alteration of vulcanized rubber, according to Pharmacist-Major Balland, is owing to the formation of sulphuric acid, resulting from the slow oxidation of the sulphur employed for vulcanizing. To prevent the destructive change, he recommends a simple washing of the objects with plain water or water slightly alkaline, repeated every two or three months.

—This is the way the *Sacramento Bee* puts its sting into the doctors: "A Chinaman has been acquitted at Red Bluff on a charge of practising medicine without a license. There are oceans of Caucasian doctors in this State who ought to be hanged for practising with a license, and they are the very first to grumble when anybody despatches his victims to the coroner by any other route than the 'old school.'"

—Gov. Beaver has appointed Dr. Harry B. Brusstar, of Birdsboro, Berks county, Lazaretto Physician at the port of Philadelphia in place of Dr. Francis S. Wilson, who has resigned. Dr. Brusstar is 36 years of

age, and graduated in 1873 from the Jefferson Medical College, and practiced medicine in Birdsboro ever since, with the exception of two years spent in Schuylkill county.

—"Stop smoking," said a doctor to an ailing patient the other day, "and it will lengthen your days." The patient stopped. The doctor's prediction was verified. The first day, the patient declares, was as long as his whole previous life; and he was inclined to favor the idea of "a short life and a merry one."

—In Akron, Ohio, an electrical M. D. is treating consumption, seeking out the tubercular deposit, and destroying the microbes in their lair by electrical currents. The super-sensitiveness of these points is such that a current which merely creates a slight tingling at any healthy point on the surface is quite painful when brought over a mass of tubercles, and, in the words of a correspondent, "is a stroke of lightning to the tubercular microbe." There are many firm believers in the efficacy of the Akron physician's treatment.—*Exchange*.

—The San Francisco *Examiner* calls upon all adult male citizens to boycott the plug hat and to indulge in the use of hair oil. "Much," it says, "as we sometimes laugh in our sleeves at the vanity of using hair oil, yet the experience of the African Nubians, who consume all the grease they can get on their woolly heads, would seem to favor the practice in preference to water, which most generally contains more or less matter that is injurious to the hair. There is no baldness among the Nubians, whose hair is greased stiff all the time, besides living in the scorching sun."

OBITUARY NOTICE.

DR. THOMAS F. ROCHESTER.

Dr. Thomas F. Rochester, a leading physician of Buffalo, died of Bright's disease at his residence in that city on May 24.

Dr. Rochester was descended from colonial English settlers, and was born at Rochester, October 8, 1823. He graduated from the University of Pennsylvania in 1848, and was assistant physician at Bellevue Hospital, New York, for a time. He afterwards continued his studies in Europe. In 1853 he established himself in Buffalo, taking a chair in the University in that city. He was a prominent member of different medical societies, and well known as a professional author.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS.

U. S. Marine Hospital Service, for the week ended May 21, 1887:

Goldsborough, C. B., surgeon. Leave of absence extended to June 1st, on account of sickness, May 18, 1887.

Guitéras, John, passed assistant surgeon. Granted leave of absence for four days, May 21, 1887.

Armstrong, S. T., passed assistant surgeon. To remain in charge of service at Memphis, Tenn., until further orders, May 21, 1887.

Devan, S. C., passed assistant surgeon. Leave of absence extended thirty days, May 19, 1887.

Carrington, P. M., assistant surgeon. Ordered to U. S. Revenue Steamer "Rush," May 18, 1887.

Norman, Seaton, assistant surgeon. To proceed to Marine Hospital, Baltimore, Md., for temporary duty, May 20, 1887.

Heath, T. C., assistant surgeon. Granted leave of absence for thirty days, May 18, 1887.

Woodward, R. M., assistant surgeon. Appointed an assistant surgeon, May 20, 1887. Assigned to temporary duty at the Marine Hospital, Baltimore, Md., May 21, 1887.

From May 22, 1887, to May 28, 1887.

Major V. B. Hubbard, surgeon, granted leave of absence for one month, to take effect on or about June 1, 1887. S. O. 119, A. G. O., May 24, 1887.

Captain F. W. Elbrey, assistant surgeon, found incapacitated for active service by an Army Retiring Board, sick leave still further extended until further orders on account of disability. S. O. 116, A. G. O., May 20, 1887.

Captain H. G. Burton, assistant surgeon, granted two months leave of absence on surgeon's certificate of disability. S. O. 107, Div. Atlantic, May 25, 1887.

In the Medical Corps of the Navy, for the week ending May 28, 1887:

Passed assistant surgeon C. W. Deane, detached from Dale and to hospital, Mare Island.

Surgeon H. P. Harvey, orders to Iroquois revoked and wait orders.

Passed assistant surgeon S. H. Dickson, detached from navy yard, Washington, D. C., and to the Dale.

Surgeon J. R. Waggener, detached from the Iroquois and wait orders.

Assistant surgeon S. Stuart White, ordered to receiving ship St. Louis, navy yard, League Island.

Dr. James G. Field, of Gordonsville, Va., commissioned assistant surgeon in the navy, May 23, 1887.